maryland s		ENT OF HEALTH—BA			632
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE  Marvland	sed lived. If Institution b. COUNTY	Residence befo	
RURAL and give nearest lown)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor			
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	Jress)	d. STREET ADDRESS			o, is residence on a farm? Yes No
3. NAME OF First DECEASED (Type or print) Lester	R . Middle	A Rack OF DEAT		24	Yeor 1958
5. SEX 6. COLOR OR RACE 7. MARRIED W hite WIDOWED		8. DATE OF BIRTH 12/27/1879		Months Days	Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. Kit during most of working life, even if refired)  farm owner  f	nd of Business or Indu:	STRY 11. 8IRTHPLACE (State or foreign Md.	country)	U.S	WHAT COUNTRY
13. FATHER'S NAME  Mathis Ahalt		14. MOTHER'S MAIDEN NAME  Martha She	ffer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (Yes, no or unknown) [If yes, give wer or dates of service]	Circ deconti i ivo.	orsey Ahalt, Je	Addres		
18. CAUSE OF DEATH [Enter only one course per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for 16). (b) and (c).]	ry Qeel	nen		ERVAL BETWEEN
Conditions, if any, which gove rise to immediate couse (o), stoling the under lying couse lost.	Caron	my Sele	rosis		

rural	Jefferson	llife	X Inne	al selle	erson				
d. NAME OF HOS OR INSTITUTIO	SPITAL (If not in hospital, g	give street oddress)	d. STREET	ADDRESS				ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Leste	r R.	Ah	- 2	DATE OF DEATH	Mont	th	21+	Yeor 1958
s. sex male		7. MARRIED NEVER MARRIES WIDOWED A DIVORCED	- 120/00	тн /1879	9. AGI	(In years bothday) yrs.	-	YEAR IF UND	
100. USUAL OCCUPA during most of w farm OW	vorking life, even it refired	done 10b. KIND OF BUSINESS OR	INDUSTRY 11. SIRTHP		reign country)			EN OF WHA	T COUNTRY
	athis Ahal		Ma	s MAIDEN NAME					
15. WAS DECEASED! (Yes, no or unknown) NO	EVER IN U. S. ARMED FOR (If yes, give war or dates of s		Dorsey A	Mhalt,	Jeffer	Addr Son			
	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO	1	Jula Jula	Deel	Case	111	1	ONSET AN	
Couse (o), stoli lying couse lo	ng the <u>under</u>	D CONTRIBUTING TO DEA					EN IN PART	PERF	AUTOPSY ORMED?
OR CONTRIBUTION (IF EITHER, NOT	NG CAUSE OF DEATH IFY MEDICAL EXAMINER)  JURY Month, Doy, Ye m.		20e. PLACE OF INJURY factory, street, offi	(Home, form, 120			(Co	unly)	(State)
21. I certify olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the	grant (	death occurred o		I, from the RESS (Street, ci	couses o	ind on the		
REMOVAL (Spec	1 11/27/19	58 Luthers	tery or crematory	rv	Middl	etown	ı. Mo	d.	ofe)
23. FUNERAL DIRECT	OR'S SIGNATURE	ADDRESS		DATE	DECICTOAD	24W. REG !!	STRAR'S SIGN	VALUEE	

BUREAU V. S.

838; 89 MAL

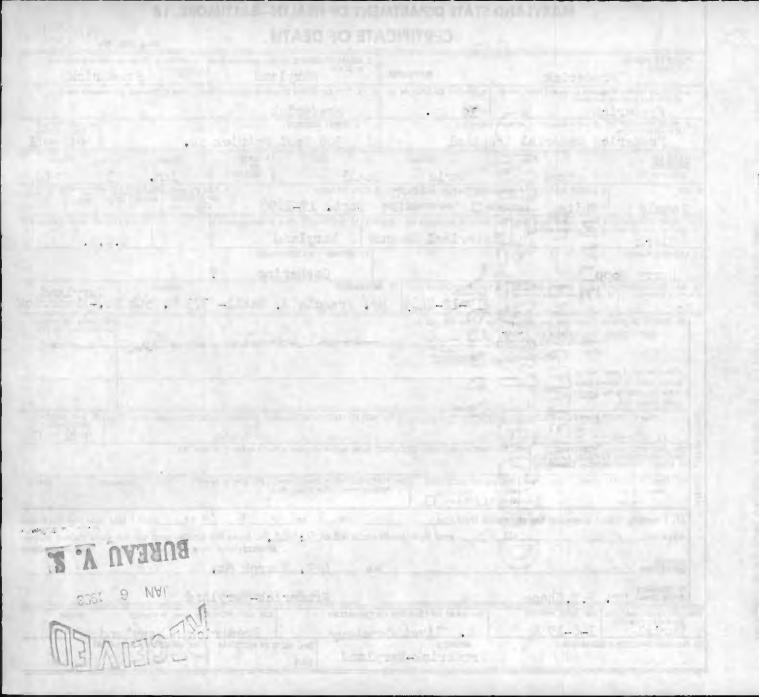
DATEEUR 3

deoth.

VS A15 (4)

alemin

PARTY AND ADDRESS OF THE trial of and the same of t



Pan Dist No.

		-			
1. PLACE OF DEATH o. COUNTY	rederick	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE	b. COUNTY	ion: Residence before odmission)  Frederick
b. CITY OR TOWN RURAL ond give I	(If outside corporate limits, write	c. LENGTH OF STAY IN 16 Lifetime		outside corporate limits, write 1	
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, give street		d. STREET ADDRESS	Grange St.	e. IS RESIDENCE ON A FARM? YES NO 🔀
3. NAME OF DECEASED (Type or print)	First George	William B	ents loss	4. DATE MOI OF DEATH	nth Day Year
5. SEX Male		RIED NOW SE NAME AND ASSESSED TO SECOND SECO	B. DATE OF BIRTH	9. AGE (In years lost biglodoy)	Months Days Hours Min
10a. USUAL OCCUPATI during most of wo Handyma	ION (Give kind of work done 10b.		USTRY 11. BIRTHPLACE (S1010 Maryland	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
Arthur			Florence		
15. WAS DECEASED EV (Yes, no, or unknown) NO	(If yes, give wor or dates of service)		rs. Geo. W. B		nge StFrederick-
Conditions, if gove rise to catse (o), stoting lying couse lost	the under-	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	inal disease condition G:	VEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?
PART II. OF	/AS UNDERLYING   20b. DES	CRIBE HOW INJURY OCCURR	ED. {Enter nature of injury in	Part I or Part II of item 18.)	YES NO
ZOc. TIME OF INJU	to White	Not while fo	LACE OF INJURY IHome, form policy, street, office bldg., etc	20f. (City or town)	(County) (Stole)
ACTUAL SIGNATURE	Bulley	~ /	M.D. Profe	2_M, from the causes of ADDRESS (Street, city or town, ssional Bldg.	1-13-1958
220. BURIAL, CREMATE REMOVAL (Specify Burial	Dr. B.O. Thomas	22c. NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION (City, town, Frederick	
23. FUNERAL DIRECTO	R'S SIGNATURE W.	ADDRESS	24a. REC'	D BY REGISTRAR 24b. REG	ISTRAR'S SIGNATURE
C.E. Cu	exon	Frederick-M	ary Land DATE	AN 1 5 '58   ( ) 15	the reich

in by the funeral director, and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate bill executed within 24 haurs after death. Roge A may be retained by the haspital ar attending physician.

• FUT AL DIRECTOR: After this certificate has been signed by the attending physician and completely page.

• hauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pet the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death.

TO FUY YS A15 (4) 15M 9/55

and and depen BRIDE DOWNERS where an increase of the same and the same of the same . ifth Amelousters 8351 21 1,1 braken doth and

No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) 420.0 Conditions, if ony, which gove rise to immediate **DUE TO** cottse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES A NO

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.)

and that death accurred at

factory, street, office bldg., etc.)

20e. PLACE OF INJURY (Home, form, 20f. (City or town)

8:40A

aftending 6 gued per burial-transit DIRECTOR: p

TO HOSPITAL

FUN

0

VS A15 (4)

with directar

filed

be

pluods

papers. campl

pup pua carban

physician ofte

death. erol

24

within

PLACE OF DEATH

NAME OF

5. SEX

CATION

DECEASED

Female

13. FATHER'S NAME

(Type or print)

23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Day, Year

21. I certify that I attended the deceased fram

20c. TIME OF INJURY

ACTUAL

NAME (Type)

BUT PAL (Specify)

g. m.

220. BURIAL, CREMATION, 22b. DATE THEREOI 22c. NAME OF CEMETERY OR CREMATORY 1-29-58 Mount Olivet Cemetery

20d. INJURY OCCURRED

of work

Robert S. Turner, Jr., M. D.

Not while

ol work

Frederick, Maryland 240. REC'D BY REGISTRAR

E. Church St., Frederick.

24b. REGISTRAR'S SIGNATURE

M, fram the causes and an the date stated above.

(County)

195 that I last saw the deceased

(Stote)

(State)

22d. LOCATION (City, town, or county)

ADDRESS (Street, city or town, state)

ezei es Mal

BURKAY K. E.

削

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

639 CERTIFICATE OF DEATH

Reg. Dist. No. 111637

														-
/ T.	PLACE OF DEATH COUNTY Fre	derick			MARYLAND	2 USUAL o. STA	re	yland	d lived If Institu b. COUNT		Residenc		_	ion)
	b. CITY OR TOWN (IF RURAL and give no	outside corporate limi grest lown)	its, write	c. LENGTH OF		c. CIT			prote limits, write	RURA	L ond g	ive ned	rest fown	)
	Frederic			15 Ye	ars			derick						
	d. NAME OF HOSPITA	Memorial				d. STR	EET ADDRESS	oth Ma	rket Str		b.			FARM?
	NAME OF				WARD			7						
	DECEASED (Type or print)	HARR			KARD	CA	RWACK	4. DATE OF DEATH	_	nth LNU	ary	2	y •	1958
S.	SEX	6 COLOR OR RACE	7. MARE	RIED A NEVER	MARRIED [	B. DATE OF			9 AGE (In year lost birthday)	IF U				R 24 HRS
	Male	White	WIDOWI	ED 🔲 DIV	ORCED [	May	1, 1885		72 yrs	me	onths	Days	Hours	Min
10		ing life, even if retired	B [					_	ountry)		12. CITI.	_		COUNTRY
	Mailing	Dept.	1 1	ews-Pos	t		Maryland						USA	
/ 13	FATHER'S NAME	0 0	1.			14. MOT	HER'S MAIDEN I		· C					
1.5	Valentine WAS DECEASED EVER	S. Carmac				INFORMANT	Mary (	J. Hel						
(1)		If yes, give wor or dates of a	(apiron	SOCIAL SECURI 20-09-78				Carm	ack-Same	dress	9 it		<b>#2</b>	
-		NO TO A				190 00	Totally di	Calm	ack-Jane		3 2.0			
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		CLK	"	34 1	1ASCU	AL A	cciden	<u>/T</u>	5		ET AND	
		DUE TO	)		-	M	VITT'P	12,1			4			
	Conditions, if on		1	ATT	Ca.	0801	cassi	r G	ENLAI	4/1	21	4	UNI	LWOW
	cottse (a), stating 1		)					/						
	lying couse lost.	) (a		Con (Tolores (C)								1		
CERTIFICATION	PART B. OTH	ER SIGNIFICANT CON	DIFONS C	ONTRIBUTING	IO DEATH BL	II NOI RELAI	ED TO THE TERM	INAL DISEAS	E CONDITION G	IVEN	IN PART	1(0) 1	PERFO	RMED?
CERTIF	20a. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJ	URY OCCUR	ED. (Enter no	lure of injury in	Part I or Par	t II of item 1B ]					
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye		NJURY OCCURRI	D 20e.	LACE OF INJ	URY (Home, form office bldg., etc	20f. (City	or town]		{C	ounly)		(State)
WED	Haur a. m. p. m.	19	While of wor	k ot work		ociory, sireer,	office blog-, etc							
	21. I certify the	at I attended the	deceas	ed fram	FR	, 19	57. la	1-2	, 19_ <b>S</b>	8,1	at I fo	ast sa	w the	decease
	alive an	-2-	, 12_	8 , and	that deal	h occurre	d of 7:50	M, fran	n the causes	and	an th	e dat	le state	ed abave
		0 1	4.0		4.			ADDRESS (S	freet, city or town	ı, stofi	e)		D/	ATE SIGNED
	ACTUAL SIGNATURE	sex !	47	Zand	Annua	м.о. , Еа	st Chur	<u>ch Str</u>	eet			1/	3/19	58
	PHYSICIAN'S D	r. Rex R.	Marti	in		Fr	ederick	, Mary	land					
22	O. BURIAL CREMATION	1, 226. DATE THEREC	)F	22c. NAME O	FCEMETERY	OR CREMATO	RY	22d LOCA	TION (City, town,	or co	ounty)		(Stote	<b>-</b> }
	REMOVAL (Specify)	Jan. 5,1	958	Glade	Cemete	ry		Wal	kersvill	.0,			Mary	rland
23	FUNERAL DIRECTOR'S		-	ADDRESS	31	*	240 ,REC	D BY REGIST	un to de	HSTRA	B.2 SIC	NATUR	E	
L	M.R. Etch	ison & Son	, Fre	ederick,	Mary.	and	<b>₩</b> bate V	) !	358 12	.01	4/he	du	: h	

TA MITTIN.

VS A15 (4) 15M 9/55 I

			67	2 CERT	IFIC.	ATE OF D	EATH	1		Reg. D	ist. No	906	38
1,	PLACE OF DEATH a. COUNTY	ederick		MAI	YLAND	o. STATE	ENCE (Wh	_	f lived. If instituti b. COUNTY	277		re odmis	
_	RURAL and give no	outside corporate fimits, arest town)	write	c. LENGTH OF STA		c. CITY OR T	OWN (If a	the state of the s	rote limits, write R				
<u>,</u>		AL (If not in hospital, giv	e street			d STREET AL							FARM?
L	NAME OF DECEASED (Type or print)	fint Cora		M .		losi Cartnai		4. DATE OF DEATH	Man 1	ith	Do	'	Year 19 <b>8</b> 8
	fenale	color or RACE	VIDOWE	DIVORC	ED 🔲	5/19/18	375		9. AGE (In years lost birthday) 82 yrs.	Months	Dayı	Hours	Min.
	housewi	N (Give kind of work doing life, even if retired).		wn home	OR INDU	Mai	ylar	nd	uniry)	12. CI	U.S		COUNTRY?
		ykes						ME Llker					
	no or unknown)	R IN U. S. ARMED FORCE If yes, give wer or dutes of serv	icu)	social security not not not the notation of th	Ma	erk A.	Cartr	mail,	Middle		1, M	ld.	
		TH (Enter only one cous IH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO	e per lir	enter (a), (b), and (c	1) ay	Cecle	esi	<u>~</u>			ONS	RYAL BE	DEATH WAS
	Canditions, if ar gave rise to in cause (a), stating t lying cause last.	nmediote ( Dur To	a	rterio	- 5	cleros	is						
CERTIFICATION		ER SIGNIFICANT CONDI								EN IN PA	RT 1(o) I	PERFC	AUTOPSY PRMED? NO [
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)		CRIBE HOW INJURY									
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m	/ Month, Day, Year 19	While	Not while	20e. PL	ACE OF INJURY IN- clory, street, office	lome, farm, bldg., etc.)	20f (City	ar town)		(Caunty)		(State)
	1 / 1	at I attended the a	lecease , 192 nc	0 11	g of death	accurred at	4 1.		the causes of reel, city or town,	nd an 1		te state	
	PHYSICIAN'S NAME (Type)		mer	Harp				etow					
L	PEMOVAL (Specify) DUT121 FUNERAL DIRECTOR'S			A M E  ADDRESS	Cen	eterv		Mid By REGIST	dletown		Md	(Stot	e)
	Gladnili	Co., Mid	dT6	town, Md	•		DATE						

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. R.

DECENVER.

VS A15 (4) 15M 9/55

gr me

MARYLAND	STATE DEPARTME	NT OF HEALTH-	-BALTIMORE, 1	8
----------	----------------	---------------	---------------	---

00639 CERTIFICATE OF DEATH .

	640	CERTIFICA	ATE OF DEATH	•	V U ひ む む Reg. Dist. No.					
1. PLACE OF DEATH a. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary)	ere deceased lived If institution and b. COUNTY	Residence before odmission) Frederick					
RURAL and giv	N (If outside corporate limits, wr e negrest town) ederick	About 40 yrs	c. City or town (if or // Frederic	ulside corporate limits, write RUI	RAL and give nearest town)					
OR INSTITUTION	SPITAL (If not in hospital, give st ON rederick Memoria		d. STREET ADDRESS 31. South	Jefferson Str	et   S RESIDENCE ON A FARM? YES   NO					
3. NAME OF DECEASED (Type or print)	Bessie	Middle Louise	Castle	4. DATE Month OF DEATH Janua	67 70					
5. SEX Female		MARKED E NEVER MARRIED IX SWED 日本光光 MARKED IX	B. DATE OF BIRTH 12-17-1886		FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.					
100. USUAL OCCUP during most of Trimmer	ATION (Give kind of work done working life, even if retired)	106. KIND OF BUSINESS OR INDU Brush Company	STRY 11. BIRTHPLACE (State of Maryland	or foreign country)	12 CITIZEN OF WHAT COUNTRY?					
	ham Perriman Ca			cca Degrange						
Yes, no or unknown) NO	EVER IN U. S. ARMED FORCES? (If yes, gave war or dates of service)  DEATH [Enter only one cause p	214-10-1840 M	nformant r.Douglas Cast	cle-Rt. 4-Frede						
gave rise to casse (a), stat lying cause to	ost. DUE TO	Corce	ma no mon clo	t Creat	N IN PART HO 19. WAS AUTOPSY PERFORMED?					
OR CONTRIBUT	WAS UNDERLYING   20b.	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	ort I or Port II of item 18.)	YES NO []					
20c. TIME OF IN Hour o.	m. 10 W	Id. INJURY OCCURRED 20e. PL fo work of work	ACE OF INJURY (Home, form, closy, street, office bldg., etc.)	20f (City or town)	(County) (State)					
alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	21. I certify that I attended the deceased from 19 38, to 20 4, 19 5, that I last saw the deceased alive on 19 50, and that death occurred at 2:10A = M, from the causes and an the date stated above.  ACTUAL SIGNATURE  PHYSICIAN'S  ACTUAL AND AZO (M)  PHYSICIAN'S  ACTUAL AND AZO (M)  AC									
220. BURIAL, CREMA REMOVAL (Spe- Entombrie	ent Jan 21-58	Mt. Olivet C	emetery	22d. LOCATION (City, town, or Frederick-L	aryland					
CAE CO	OR'S SIGNATURE W.	ADDRESS / Frederick-Ma		N 2 4 '50 246 REGIST	RÁR'S SIGNATURE					

SALL NAL

VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

641 CERTIFICATE OF DEATH

00640

Reg. Dist. No. I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY \_ **b** COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Jawn) d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS B IS RESIDENCE OR INSTITUTION YES NO [7] Middle 4. DATE Year DECEASED DEATH (Type or print) 19 8. DATE OF SIRTH 9 AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED 17- NEVER MARRIED 17 Months DIVORCED | WIDOWED [7] yes 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: dows IMMEDIATE CAUSE (a) Benneat Consisona of Colon i metastans **DUE TO** Conditions, if ony, which gove rise to immediate aute augulation or tersion of ileur DUE TO coese (a), stating the underlying cause lost. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, 20f, (City or town) 20d INJURY OCCURRED (State) (County) factory, street, office bidg., etc.) Hour a.m. While Not while of work | at wark | p. m. Lice. V Jour, 13 .. 19 5 Sthat I last saw the deceased 21. I certify that I attended the deceased from \_\_\_, and that death occurred at / 100 M, from the causes and on the date stated above. alive on\_ ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d: LOCATION (City, town, or county) (State). REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY Frederick b. COUNTY Henrico Virginia MARYLAND b. CITY OR TOWN It suiside to porare limits, write PURAL C LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate l'mits, write RURAL and give nearest town) Since 9/57 Buckeystown Richmond d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, a ve street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM-2207 Fourth Avenue YES NO K 3 NAME OF First M Adla 4 DATE Yeor DECEASED WARREN (Type or print) HENTEY COPPERY 19 58 DEATH January 5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 9 AGE (in years IF LINDER TYEAR JF UNDER 24 HPS 16 Months [ White Male 20 Nov 1911 WIDOWED [7] DIVORCED [7] 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Lumber Company Ohio USA Cabinet Maker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ella Clemens Harry Coffey 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Address Mrs. Orline Graves Coffey (Same as item #2) No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) NTERVAL BETWEEN along per PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gave rise to immediate couse DUE TO (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO I 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18) 20o. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING TO 20d IN.URY OCCURRED 200 PLACE OF INJURY (Home, form, 20f. BY CKEYS LOW Month, Doy, Year (County) (State) factory, street, office bldg., etc.) at work | al work | 21. 1 certify that I took charge of the remains described above, held on Autopsy . Inspection 10. Inquiry A and in my opinion death resulted from. Natural couses [], Accident [X], Suicide [], Hamicide [], Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER B. O. Thomas, M. D. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BUR AL CREMATION, 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stote) Removal (Specify) Richmond. Virginia 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME M. R. Etchison & Son, Frederick, Maryland

DECEIVED 1953

BUREAU V. L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) ined for your files. o. COUNTY Page **b** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS E. IS PESIDENCE ON A FARM? YES RI NO 3. NAME OF First Middle 4. DATE Lost Month Day Year DECEASED OF (Type or print) DEATH 1958 å · 5. SEX 9. AGE (In years IFUNDER TYEAR 5 may b 2 with MARRIED TO NEVER MARRIED TO 8. DATE OF SIRTH IF UNDER 24 HRS feet birthday) Months Hours M.n. Give Pages 1, 2, and 3 h form PM3. Page 5 m WIDOWED [7] DIVORCED [7] yrs. 1. Z, 1. 3. Page 5. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 111 BIRTHFLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Taysand 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARMED FORCES? 16 SOCIAL SECURITY NO with 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) along INTERVAL BETWEEN per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) **buriol-transit** Office **DUE TO** Canditions, if any, which (b) gave rise to immediate cause **DUE TO** (a), slating the underlying Examiner O couse lost PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19, WAS AUTOPSY PERFORMED? Medical | NO R 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 16) Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY (County) (State) factory, street, affice bldg., etc.) Haur Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autapsy Inspection A. Inquiry [27] and in my forwarded in DIRECTOR: opinion death resulted fram: Natural causes A. Accident 1. Suicide .... Homicide | Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER DEPL BUR AL, CREMATION or countyl (State) 9 23. FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR VS. ATSME 5M 2,157

VS A15 (4) 15M 9/55

		6	42	CERTIFI	CA	TE OF DEA	TH			Reg. Dist	1106 No.	43
	1. PLACE OF DEATH o. COUNTY FTE	ederick		MARYLAN	40	2 USUAL RESIDENCE o. STATE Mary			d. If institution b COUNTY	Residence	before or	imission)
	b. CITY OR TOWN ( RURAL and give n	If outside corporate lim	is, write	C. LENGTH OF STAY IN	. II	c. CITY OR TOWN	(If outsi	ide corporate l	imits, write RUI	RAL ond gi	ve nearest	iown)
7	Frederic	k		Since 7/31/	43	Balti	more	8				4
	d NAME OF HOSPI OR INSTITUTION Maryland	TAL (If not in hospitol, odd Fellows	Home	oddress)		d. STREET ADDRESS		ne Aven	ue		C	RESIDENCE ON A FARM? IS NO R
	3. NAME OF DECEASED	Fi	rat	Middle		Lost	4.	. DATE OF	Month		Day	Year
	(Type or print)		RTHA	Α.		DICKERSON		DEATH	Jan	uary	26,	19 58
	5. SEX		7. MARR	IED NEVER MARRIED (	] [	L DATE OF BIRTH		9 A	GE (In years			INDER 24 HRS.
	Female	White	WIDOWE	DIVORCED	ן כ	10 Oct 187	1,		Bb yrs	Months [	Days Ho	ours Min
	100. USUAL OCCUPATION MOST of WOL	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR II	NDUS'	RY 11. BIRTHPLACE (SI	lote or l	foreign country	1}	12 CITIZ	EN OF W	HAT COUNTRY
	House-wo	rk	"   .	At Home		Washing	ton,	, D. C.		US	SA	
i	13. FATHER'S NAME					14. MOTHER'S MAIDE	N NAM	AE				
N	Benjamir	Leach				Martha :	Bai]	less				
Л	IS WAS DECEASED EV	ER IN U. S. ARMED FOI	CES? 16.	SOCIAL SECURITY NO.	17, IN	FORMANT			Addres	ss		
	(Yes, no, or unknown)	In yes, give war or ourer or	HET TILLES	None	Md.	• Odd Fello	ws f	Home (	Same as	iten	n #1)	
	18. CAUSE OF DE	ATH [Enter only one co	ouse per fin	ne for (a), (b), and (ç).]	23.00						INTERVA	L BETWEEN
	PART I. DE.	ATH WAS CAUSED BY:	1 11/	1 hor Stal	Lu	- (Ine.	~~~	سررسه			ONSEL	AND DEATH
	St.	DUE TO		int)	-	-					_	, , ,
	Conditions, if	ony, which )	.1	Demili	بالر	1	ne	021	white	4-5	122	Ves
	gave rise to codie (o), stoting	immediate Court										
	lying couse lost.		:)					,				
	PART II. OT	HER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEATH	BUT	NOT RELATED TO THE TE	RMINA	L DISEASE CO	NDITION GIVE	N IN PART	1(a) 19. V	AS AUTOPSY
١	E S											ERFORMED?
	PART II. OT	AS UNDERLYING	20b. DESC	CRIBE HOW INJURY OCCU	JRRED	. (Enter nature of injury	in Port	I or Part II of	item 18.)			
		G CAUSE OF DEATH MEDICAL EXAMINER)										
	20c. TIME OF INJU	RY Month, Doy, Ye	ar 20d. II		PLA	CE OF INJURY (Home, I	arm,	20f. (City or to	wn]	(Ço	onty)	(State)
	How o.m.	19	White of work	Not while	raci	ory, street, office bldg.,	etc.)			/		
	21 L cartify t	hat I attended the	decess	ed from	لا ساد	5 . 195 8 . 10	0,0	26	1058	that I Is	neh eenus i	the deceased
	alive an	nor ranenaea me	10	and that de	oth	accurred at 12:	55 P	M. from th		d as the	201 20W 1	tetad al-
	GIIVE OII	~/	- <i>V</i> -	, and that de	ZGIII	accorded activity			e Causes an city or town, st		e aare s	DATE SIGNED
	ACTUAL	CA	Jan Jan	nuch		B 4 E. Chu			-		1.	-27-58
/	SIGNATURE	- 2			^	(0. 4-14-141)		0	7	/	~	-1-24
	PHYSICIAN'S NAME (Type)	E. P. Thoma	as, M	. D.		(	1	100	~~	-1/		
	220 BURIAL CREMATIO	ON, 226. DATE THERE	OF .	22c NAME OF CEMETER	RY OR	CREMATORY	22	d LOCATION	(City, town, or	county)		(Stote)
	Burial (Specify	1-30-58		Loudon Park					re, Mar	_ ''	_	,,
	23. FUNERAL DIRECTOR			ADDRESS		24a. B	_	Y REGISTRAR	24b. REGIST		_	
	M. R. Etc	chison & So	a, Fr	ederick, Mar	уLа	und DATE	.100	12.9 '58	600	Lana	in a	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M 9/55 0

ARYLAND	STATE D	EPARTMENT	OF HEALTH—BALTIMORE,	18
---------	---------	-----------	----------------------	----

		675		CERTIF	FICA	\TE	OF DEATH			Reg. Dis		644
1. i	PLACE OF DEATH	ederick		MARYL	AND		SUAL RESIDENCE (Whe STATE	re decesse rland	d fived. If institution b. COUNTY		reder	
ı	b. CITY OR TOWN (IF RURAL and give no Braddock		ls, write	c. LENGTH OF STAY II		×	CITY OR TOWN (IF ou		rote limits, write RU	44.	jive nearest	town)
ťV	d. NAME OF HOSPITA	onvalescent	& R	est Home		, ,	STREET ADDRESS Near Bu	ckey	stown		(	S RESIDENCE ON A FARM? ES A NO
	NAME OF DECEASED (Type or print)	Fir GROV		Middle CLEVEL	AND		DIXON	4 DATE OF DEATH	Jan 1	ıaty	Doy 20,	Yeor 19 58
5 5	Mal e	6. COLOR OR RACE White	7. MARR	DIVORCED			Ly 30, 1881	1	9 AGE (In years   73 prs.   73 prs.	Months		UNDER 24 HRS
10a	. USUAL OCCUPATIO during most of work Farm Owner		done 10b.	KIND OF BUSINESS OF Farming	INDUS	TRY	11. BIRTHPLACE (Stole o Mary)	r foreign c	ountry)	12. CIT		VHAT COUNTRY USA
13.	FATHER'S NAME					14.	MOTHER'S MAIDEN NA	AME				
	Jame	es B. Dixor	ì				Marti	na Ni	cholis			
		IN U. S. ARMED FOR	revoca)	social security NO. 15-20-9462	17. IN		MANT Dallas W. F	Cehne	Addre Braddecl		ghts,	Marylan
	PART I, DEAT	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO		Cerefor (a), (b), and (c).]	Her	مهرا لام	nkaze					AL BETWEEN AND DEATH
	Canditions, if or gove rise to in coese (o), stoting t lying couse lost.	ny, which (b		Hypriti Of	nu V cz		lar Panal	Din	Un.		5 g	ilane Inom
CATION	PART II, OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT	RELATED TO THE TERMIN	IAL DISEAS	E CONDITION GIVE	N IN PART	P	VAS AUTOPSY PERFORMEDING IS NO 1
L CERTIFI	20° ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HÖW INJURY OC	CURREC	), (Enl	er noture of injury in Po	ort I or Por	t II of item 18.)			
MEDICAL	20c, TIME OF INJURY Haur e. m. p. m.	r Month, Day, Yed 19	While of worl	Not while	20e. PLA foc	ACE O	F INJURY (Home, form, treet, office bldg., etc.)	20f. (Cit	or town)	(C	ounty)	(Stote)
	21. I certify the alive an	at lattended the	decease 125 R	g and that	<i>5</i> death		, 1957, to purred of 3:15P.  East Second	M, frai	n the causes ar	nd an th		
		. H. L. Fal					Frederick,					
220	BURIAL, CREMATION	Jan 23	1958	Mount Oli	tery of	CRE CE	matory emetery	22d. toca Fre	TION (City, town, or derick,	county)	Mary	(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
M. R. Etchison & Son, Frederick, Maryland

24a. REC'D BY REGISTRAR
DATE AN 1 3 158

246. REGISTRAR'S SIGNATURE



EUREAU V. E.

E351 · 3

MA Are C

VS A1S (4) 15M 9/55

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

	<b>67</b> 7	CERTIFICATE OF DEATH
PLACE OF DEATH	<del></del>	2 USUAL RESIDENCE (When

Reg. Dist. No. 131

1. PLACE OF DEATH o. COUNTY Fred	lerick		MAR	YLAND	II ~ CTATE	DENCE (What's		lived If institu b. COUNT	v	erick	
b. CITY OR TOWN ( RURAL and give n  Doubs	If outside corporate fimi earest town)	ts, write	since 189			oubs	ulside corpoi	ote limits, write	RURAL ond g	live neoresi	lown)
d NAME OF HOSPY OR INSTITUTION	TAL (If not in hospital, g	ive street	address)		d. STREET A	DDRESS					S RESIDENCE ON A FARM? ES NO NO
3. NAME OF DECEASED (Type or print)	LO7		MAY		FRY		4 DATE OF DEATH	_	anuary	Doy 5 .	Yeor 19 58
5. sex Female	6. COLOR OR RACE White	7. MARR	ED DIVORC		8. DATE OF SIRTI	1884		9. AGE (In year lost birthdoy) 73 yr	Months	-	UNDER 24 HRS ours Min.
100 USUAL OCCUPATION during most of wor HOUSE	ON (Give kind of work king life, even if retired	)	KIND OF BUSINESS Own Home	OR INDU		ACE (Stole	or foreign co	untry)		ZEN OF W	YHAT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S						
	Umbaugh				Est	her F	ry				
	ER IN U. S. ARMED FOR (If yes, give wor or dotes of s		SOCIAL SECURITY NO		NFORMANT	Transa	100		dress	\	
					lijah D.	rry	(Sa	me as i	cem #1	,	
	ATH [Enter only one co ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o DUE TO		or for (o), (b), and (c)	y (	Cellen	green	- To	9		ONSET	AL SETWEEN AND DEATH
Conditions, if a gave rise to i codse (o), stoling lying couse lost.	the under-		Leunor		Lilia	126.	2. et 1	15/3		<b>45.</b>	1-1-2
	HER SIGNIFICANT CON	DIŢĮONS C	in a light of they	4	Harry Str.	, ee;	(Act)	hant is a	IVEN IN PART	1 P	VAS AUTOPSY ERFORMED?
	AS UNDERLYING THE CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRISE HOW INJURY	CCURRE	D. (Enter noture o	f injury in P	orl I or Port	Il of item 18.)			
20c. TIME OF INJUING Hour o.m.	RY Month, Day, Yes	20d It While of work	Not while	20e. PLi foo	ACE OF INJURY (	Home, form, bldg., etc.	20f. (City	or town)	(C	ounty)	(Stote)
21. I certify the alive an	nat I attended the	decease	ed fram and that	t death		2:20,1	P.M. fram	the causes	and an th	e date :	the deceased stated above.  DATE SIGNED 1-7-58
	. T. Brice,		D.								
220. BURIAL, CREMATIC BEMOVAL-Specify)	1-8-58	)F	Mount Ol			у		ON (City, town, rick, Ma			(Stote)
23. FUNERAL DIRECTOR M. R. Etc.	's signature hison & Son	, Fre	ADDRESS ederick, M	aryla	and	240. REC'I	BY REGISTI	AR 24b. REG	ISTRAR'S SIG	NATURE	



EGE! 6 NAI

MAIZOJA

00647

	64	13	CERTIF	-ICA	AIE OF D	EAIF	1			Reg. Di	st. No		
1. PLACE OF DEATH o. COUNTY Frederick			MARYL	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence o. STATE Maryland b. COUNTY Fred							te before admission) derick		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			c. LENGTH OF STAY I	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							n)		
Frederick I			Lifetime	// Frederick									
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, s	jive street	address)		d. STREET A	DDRESS						e. IS RES	SIDENCE .
10	eet		101 East Sixtl			ixth	h Street			YES [	NO Ϊ		
3. NAME OF First DECEASED		nt	Middle		Lost		4. DATE M			th	Do	ıy	Year
(Type or print)	Mary		Elizabet	h	Glessne	er	DEATH		J	amuar	у :	18	19 58
S SEX	6. COLOR OR RACE	7. HANN	MANAGE AND AND ALEM	<b>₩</b> 器	B. DATE OF BIRTH	1		9. AGE (In lost birt	yeors hdovi	Months	Days	IF UND	ER 24 HRS.
Female	White	WIDOWI	Copies.			22-186		93	yrs				
10a. USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	done 10b	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPL	ACE (Stote	or foreign co	ountry)					COUNTRY
Seamstress			Own home	Maryland				U.S.A.					
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME						
	n F. Debrir					cy Gr	osh						
15 WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of I		SOCIAL SECURITY NO		NFORMANT				Addr		Mai	ryla	
No 1			None	M	r. A. Gre	egg G	lessne	r-120	E.	3rd.	St	•-Fr	ederic
		ouse per li	ne for (o), (b), and (c).]		A . A !						INT	ERVAL BI	DEATH
PAKI I. DEA	TH WAS CAUSED BY- IMMEDIATE CAUSE (c	)(	Forma	hy	( acell	DLOC	1				8	REL	49-
1.7	DUE TO	)		1									
Conditions, if o		)		U	*.						-		
cottse (o), stoling		)											
lying couse lost.	J (c	10171011	CONTRIBUTION TO OTA	TIA DAIT	NOT BELLTED TO	THE VERMI	LILL DIECLES	CONTRACT	201.00	IPA I IA I 0 4 0	- 11 . [3	10. 1444.0	A. (TOOK)
CATIC		IOHIONS	CONTRIBUTING TO DEA	IH BUI	NOI RELATED TO	THE TERMI	NAL DISEASI	CONDITION	ON GIV	EN IN PAR	1 1(0)	PERFO	PRMED?
	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OC	CURREC	D. (Enter noture of	f injury in f	Port I or Port	S of ilem	18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While	NJURY OCCURRED  Not white  t of work	lile. PL/ foc	ACE OF INJURY () dory, street, office	lome, farm bldg., etc.	20f (City	or town)		{	County)		(Stote)
21. I certify th	at I attended the	decens	ed from	17	. 1958	. In	1/1	7 1	0.5%	that 1	last so	aw the	deceased
alive an_1	1/7	. 19	/	death	occurred at								
1			1				ADDRESS (5)				110 00		ATE SIGNED
ACTUAL	alleg 13	. \	Romas		M.D. Pro	fessi	onal E	ldg.			/-	20	-58
PHYSICIAN'S	1	V	,	7									********
	Dr. James H	. Th	omas		Free	deric	k, Mar	yland	1				
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREC	)F	22c. NAME OF CEME	TERY O	R CREMATORY		22d. LOCAT	ION (City,	fown, c	or county)		{Stot	le)
Burial	Jan. 21-	-58_	Mt. Olive	t. Ce	emterv		Fre	deric	k- !	Marvl	and	B	
23. FUNERAL DIRECTOR	17	N;	ADDRESS			24a. REC'(	d'At'regist			STRAR'S SI	GNATU	RE	
C.E.CCC	re 4- Jon	/	Frederick-	Marj	riand	DATE				1000			

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUN. I DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page and be detached for use as the burial-transit mermit. Then please remave carbon papers. Page and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS AIS (4) 15M 9/\$\$

00

BUNEAU V, S.

MARION

this

**■** '8

death. All

CODY

ŧ

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## CERTIFICATE OF DEATH

u#648

678 Reg. Dist. No..... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Frederick COUNTY Brederick stateMarvland COUNTY MANYCAND (It outside corporate limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give naurest town) end give nearest town) (in this place) TOWN rural -- Mt. Airy rural-Mt. Airv HOSPITAL OR STREET INSTITUTION OR **ADDRESS** STREET ADDRESS nr. Unionville 3. NAME OF (First) (Middle) (Last) DATE (Month) (Day) (Yeer) DECEASED (Type or Print) EDNA GRIFFINH DEATH JAN. 31. 19 6. COLOR OR SINGLE, MARRIED. B. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS RACE WIDOWED, DIVORCED, Hours (Speely1dowed 5-16-1870 female white 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY? housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John L. Sundergill Sarah V. Hartsock 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT & ADDRESS (If Yas, give wer or dates of service) John O.Griffith. Same none no INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE D SEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO 21b. PLACE (Home, ferm, fectory, 21e. ACCIDENT WAS UNDERLYING 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING [7] CAUSE OF DEATH OF INJURY straat, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dev) (Yeer) 21s. INJURY OCCURRED (Hour) 21f. HOW DID INJURY OCCUR? While Not while at work at work 1-31-, 1958..., that I last saw the deceased 22. I hereby certify that I attended the deceased from ... ADDRESS (Steel, city, town, State) BURIAL, CREMATION, DATE THEREOI NAME OF CEMETERY LOCATION (City, lown, or county) (Stelle) REMOVAL (SPECIFY) Md. Unionville. Linganore -1958 perTAI REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.M. Waltz. Winfield. Md. DATE

within ■gistrar > .5 #P completely physician. death centificate and physician **IOM:** The law requires that the executed by the attending phembly should be detached for un attending pr be retained by the hospital FUNERAL DIRECTOR certificate assembly has certificate death

10 M

BUREAU V. S.

E63 ×

MARINE

00649

ON A FARMS

1,958

YES T

Hours

U.S.A.

INTERVAL BETWEEN

PERFORMED? YES 🔲

NO.

(Stole)

Frederick

26

Days

(County)

Va.

DATEAN 3

0 VS A15 (4) 15M 9/SS

, 8561 TE NVI



00

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
---	----

M

	679	)	CERTIFIC	AT	E OF DE	ATH	l		Re	g. Dist.	1.06	50
1. PLACE OF DEATH o. COUNTY	Frederic	k	MARYLAND	H	USUAL RESIDEN	-	ere deceale	d lived If insti b. COUN	JTV -		efera edm	
RURAL and give	(If outside corporate limineogest town)  nt rur al	ts, write	73 VTS.		CITY OR TO			rote limits, writ	e RURAL	ond give	nearest fa	wn}
	PITAL (If not in hospital, o	pve street	1 10 0		d. STREET ADD		<u>,                                    </u>	I.di.ar			ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Mary		Middle atherine	Hen	nler		4. DATE OF DEATH	T	Month Lary	27	Day	Year 19 <b>5</b> 8
female	6 COLOR OR RACE White	7. MARE	HED NEVER MARRIED DIVORCED D	8. D.	ATE OF BIRTH	1884	+	9. AGE (In yet lost, by the		nths Do		DER 24 HRS 1 Min
Houseke	orking life, even if retired	done 10b.	Own Home		Mar	yla	nd	auntry)	1		OF WH	AT COUNTRY
13. FATHER'S NAME Samue	1 A. Heml	er		14	Anni		lore	ence				
1S. WAS DECEASEDEN	VER IN U. S. ARMED FOR (II yes, give war or dates of t		social security no 17.		rmant rs. Fe.	lix	Heml		ddress	ont,	, Md	, RD2
Conditions, if gave rise to couse (a), stolin lying couse los	g the under: DUE TO	, A	relial upperten	He	in.	rt	hac	je.			interval onset an 5 m	ID DEATH
CATIC			CONTRIBUTING TO DEATH B					Array Markey Constitution		N PART 1(c	PER	S AUTOPSY FORMED? NO M
O THE EITHER, NOTH	YAS UNDERLYING   IG   CAUSE OF DEATH FY MEDICAL EXAMINER)	ZUB. UES	CRIBE HOW INJURY OCCUR	RED (E	nter nature of in	njury in P	ort for Por	r II or item 18 )				
ZOC TIME OF INJU	10	While	NJURY OCCURRED 20e k of work	PLACE factory,	OF INJURY (Har , street, affice bl	me, form, ldg., etc	20f {Cit	y or town)		(Caur	nty}	{State}
21. I certify that I attended the deceased from Sept 10, 1953, to Jan 27, 1958, that I last saw the deceased alive an 24, 1958, and that death occurred at 245 PM, from the causes and an the date stated about											oted above DATE SIGNE	
Burial Specif		_	St. Anthor	OR CR	s Cen.		Thu	TION (City, tow	- R	D2	Mary	land
Raymond	E. Creag	er	Thurmont, M	[d		Gen.	D BY REGIS		EGISTRAI	R'S SIGNA	ATURE	

VS A1S (4) 1SM 9/SS

2 y CARIJA

VS A1S (4) 1SM 9/S5 00

ARYLAND	AND STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
		CENTIEIC ATE	ΩE.	DEATH	

	680	1	CERTIFIC	ATE O	F DEATH		Reg. Dist. No. 10651			
1. PLACE OF DEAT o. COUNTY	Frederick	,	MARYLAND	2 USUAL o. STA	E	ere deceased lived		ni Residence be		ssion)
B CITY OR TOW	YN (If outside corporate time nearest town) ITKITTSVILL		c. LENGTH OF STAY IN 16	e. CITI		utside corporate li Lttsvill		IRAL and give i	nearest law	/n)
d. NAME OF HO OR INSTITUTI	OSPITAL (If not in hospital, (ION	give street o	ddress)	d. STR	EET ADDRESS				ON.	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Nettie	ni I	Middle E. Hemp		Lost	4. DATE OF DEATH	Manii 1		Day 1	Yeor 1958
female	6. color or race white	7. MARRIE	DIVORCED	8. DATE OF	BIRTH 24/1870	9. AG	E (In years ) birthday) yrs.	Months Day		
100. USUAL OCCUI during most of NOUS C	working life, even if refired	done 10b. K	ind of Business or IND in home		THPLACE (SION OF ATTYLE) HER'S MAIDEN N.	and	)	12 CITIZEN	S.	T COUNTRY
	PER IN U. S. ARMED FOI			INFORMANT SS 11a	Mary Mary Mary Mary Clar	McBride	Addre	urki st		
18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c)  PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gave rise to immediate cause (a), stoting the under-lying cause lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPHER OR ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  200 ACCIDENT WAS UNDERLYING OF DEATH  201 ACCIDENT WAS UNDERLYING OF DEATH  202 ACCIDENT WAS UNDERLYING OF DEATH  203 ACCIDENT WAS UNDERLYING OF DEATH  204 ACCIDENT WAS UNDERLYING OF DEATH  205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18)										AUTOPSY ORMED?
20c. TIME OF II	NJURY Manth, Day, Ye	ar 20d. IN While at wark	Nat while	LACE OF INJ octory, street,	URY (Home, farm, affice bldg., etc.)	20f (City or to	wn)	{Count	γ)	(State)
21. 1 certificative on	y that I attended the	decease 19 S	d from and that deal	h accurren	131:45	BM, from the	causes a		date stat	
NAME (Typo)  220. SURIAL, CREM REMOVAL (Sp.	MATION, 22b. DATE THEREG	+ 1958	22c. NAME OF CEMETERY Union Ceme		RY	220 LOCATION		r county)	(510	ole)
23. FUNERAL DIRECT	TOR'S SIGNATURE	<del></del>	ADDRESS OWN, Md.	тегу	240 REC'D	D BY REGISTRAR		TRAR'S SIGNA	TÜRE	



BUREAU V. Z.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived). If institution, Residence before admission e. COUNTY b. COUNTY Frederick o. STATE Marvland Frederick MARYLAND b. CITY OR TOWN Its outside perporate l'mits, write BURAL c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) 18 Years Frederick-Rural RD#3 Frederick-Rural RD#3 director. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? prior Near Frederick Near Frederick YES NO 3. NAME OF Middle 4. DATE First Month Day Year DECEASED (Type or print) DAVID WALTER HOOPER DEATH 1958 January 13 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. Male White 30 April 189h WIDOWED [7] DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Farmer Farm Owner Marvland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages Lillie May Stottlemyer James Oliver Hooper s/O 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. No or unknown) (Same as item #1) Mrs. Lucy E. Hooper 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which gave rise to immediate cause **DUE TO** (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? YES | NO K 20a, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or form) Month, Day, Year (Stote) (County) factory, street, office bldg., etc.) Hour o. m. While Not while of work at work D. m. 21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection XI, Inquiry XI, and find that death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined cause . DATE SIGNED CHIEF MEDICAL EXAMINER 00 ASSISTANT MEDICAL EXAMINER [7] RAL EXAMINER'S 1-13-58 B. O. Thomas. M. D. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Burial (Specify) 1-17-58 0 Mount Olivet Cemetery Frederick. Maryland ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 245 REG STRAR'S SIGNATURE DATE JAN 1 4 '58 M. R. Etchison & Son, Frederick, Maryland VS. ATSME(S) SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL DEPUTY

BUREAU V. S.

SEL OF NAI

DECENAL!

in by the funeral director, and 2 shauld be filed with

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.) Page

After this certificate has been signed by the attending physician and completely had for use at the hurishtransil permit. Then blease remove carbon papers. Pos

## MADYLAND STATE DEPARTMENT OF BEALTH BALTIMODE

		61	4	CERTIFICA	TE OF DEATH	1-045	iiimQKL, i	•		UU	653
L		64	X	GERTHIGA	IL OI DEAIL			Reg. Di	st. No.		
	PLACE OF DEATH o. COUNTY NAT	MAKA Frede	erio	ck MARYLAND	2. USUAL RESIDENCE (WE o. STATE Mary		d lived. If institution b COUNTY	Howa	ce befo	re odmis	sion)
	b. CITY OR TOWN (IF or RURAL and give neor Erecte)	outside corporate limits, v rest_town) rick	write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF C		orole limits, write RU odbine	JRAL and	give nec	rest fow	n) j
	d. NAME OF HOSPITAL	. (If not in hospitol, give reder,ick l	street oo	ddress Hospital	d. STREET ADDRESS MO	rgan	Road	, .		ON A	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Howa	id	( Middle ) fee	Tching Is	4. DATE OF DEATH	Mont		Do		Yeor 19 = C
5.	SEX	6. COLOR OR RACE 7.	MARRIE	DE NEVER MARRIED B	DATE OF BIRTH		9/AGE In years	IF UNDER	1 YEAR		ER 24 HRS
_	Committee Supplemental Committee Com	77111100	DOWED		5-20-1891		lost observed on	Months	Days	Hours	Min.
10c	USUAL OCCUPATION during most of working	(Give kind of work done  (Rife, even if retired)	10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign c	ountry)				COUNT
	Farmei			owner	Maryla	nd		U	.s.	A.	
13.	FATHER'S NAME			<u> </u>	14. MOTHER'S MAIDEN N	NAME					
		h Kes	ssler								
15. (Ye		N U. S. ARMED FORCES yes, give wor or dates of service	1		FORMANT Mrs. Carri	e Lee	Hutchi		Sa	me	
	PART I, DEATH	I (Enter only one couse I WAS CAUSED BY: WMEDIATE CAUSE (o) DUE TO	- {. / }.	for (o), (b), and (c).) Deserter \	lain The	mbo	مُن			RVAL BE	
	Conditions, if only, gove rise to imm couse (a), stating the lying couse lost.	nediote DUE TO									
MIDICAL CERTIFICATION		Outer	ONS CO	excluster (+	when (	RAL DISEAS		EN IN PAR	T 1(o) 1	PERFO	AUTOPSY DRMED?
L CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING [IF EITHER, NOTIFY MI	UNDERLYING 1 206 3 CAUSE OF DEATH EDICAL EXAMINER)	DESCR	RIBE HOW INJURY OCCURRED.	(Enter noture of injury in t	Port I or Par	t II of item 18.)				
MIDICA	20c. TIME OF INJURY Hour a.m. p. m.		While .	Not while of work	CE OF INJURY (Home, form ory, street, office bldg., etc	20f. (City	or town]	((	County)		{Stote
	alive on signature	1 attended the de	195	d from that death	occurred at		n the causes at treet, cityley town.	nd on th		le ,state	
	NAME (Type)	.A.PEARRE									
220	BURIAL CREMATION, REMOVAL (Specify)	22b. DATE THEREOF		22c NAME OF CEMETERY OR Harmony	CREMATORY		TION (Gity, town, or		yla	(Stote	•)

may be retained by the haspital or attending physician.

TO FULCATE DIRECTOR: After this certificate has been signed by the attending physician and camples page. Mauld be detached far use as the burial-transit permit. Then please remave carban papers. The registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL OR VS A1S (4) 15M 9/5S

23. FUNERAL DIRECTOR'S SIGNATURE C. M. Waltz,

Winfield,

Harmony Md.

Co., Maryland Howard 24a. REC'D BY REGISTRAR DATE JAN 1 5 '58

246 REGISTRAR'S SIGNATURE

BAIDEDE A

death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. L.

ESSET IN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU Y. E.

17377-1958

AJ.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

			647	CERTI	FICA	TE OF D	EATH		R	eg. Dist, No	0656
	PLACE OF DEATH B. COUNTY				· ·	2. USUAL RESID	ENCE (Whe	ere deceased lived	If institution	Residence befo	ore admission)
		ederick		MARY	LAND	0. 0171.1	Maryl	and "	. COUNTY	Freder	ick
	b. CITY OR TOWN (II RURAL and give no	outside corporate limi	is, write	c. LENGTH OF STAY	IN 16	c. CITY OR T	OWN [If ou	itside corporate lim	ilts, write RURA	L and give ne	grest lown]
	Frederi	ck <b>Membria</b>		57 year	'5	, Fre	ederic	k			
	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d. STREET A	DDRESS		"		e. IS RESIDENCE ON A FARM?
	Frederick	Memorial	Hospi	tal		639		YES NO I			
	NAME OF DECEASED (Type or print)	Sadie	i I	ucinda Middle	K	esselrin		4. DATE OF DEATH	Month	De VYREII	7 19 58
5.	SEX	6. COLOR OR RACE	7 MARR	TED NEPPRIMERRI	<b>₹</b> 8.	DATE OF BIRTH	, 0	9. AG	(In years IF	UNDER 1 YEAR	1
	Female	White	W <b>IFIPM</b>	BENEVE HARRIST	P; 🖽 💥	March	21-18	83	74 yrs. M	onths Days	Hours Min.
10c	USUAL OCCUPATIO	IN (Give kind of work ing life, even if retired	Jone 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPL	ACE (State a	r foreign country)		12. CITIZEN C	OF WHAT COUNTRY
	Housewif			Own Home			yland			U.S	.A.
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN NA	AME			
	George N	. Heim				Ida	V. Gu	nkel			
	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. (N	FORMANT			Address		
1.4	No	in yes, give war at common t	171.01	None	Mr	s. Wm. I	H. Bie	rley- Wi	lson Pl	. Fred	erick-Md.
		TH [Enter only one co	use per lin	ne for (a), (b), and (c).		. 217	4	1 12	1 3	INT	TERVAL BETWEEN
	PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (d	, li	cute link	use,	betal 7	kyoca	uduil y	March	N N	SET AND DEATH
	420	DUE TO		-			7	۵	ž.		
	Conditions, if any, which) (b) (Meteroscherate Reut Weller									yes	
	gave rise to immediate DUE TO										Ú
	lying cause lost.	) (c									
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMIN	NAL DISEASE CON	DITION GIVEN	IN PART I(o)	PERFORMED?
MEDICAL CERTIFICATION	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE50	CRIBE HOW INJURY O	CCURRED.	(Enter nature of	Finjury in Po	ort 1 or Part II of i	tem 18.)		
MEDICA	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Ye	While	Not while	20e. PLAC focto	CE OF INJURY () Dry, street, office	tome, form, bldg., etc.)	20f (City or low	m)	(County)	(Slale)
	21. I certify th	at I attended the	deceas	ed fram		. 19 54	. to J	an 7	. 19.58.1	hat I last s	aw the decease
	alive on Ja-	7	12_	and that	death						ate stated abov
		2						DORESS (Street, ci			DATE SIGNE
	ACTUAL SIGNATURE	Ihman	٤	Ston	лм	.D	4 W	3me s	X		-7-58
	PHYSICIAN'S NAME (Type)	thoma	5	E. ST	ONI	2		Fred	with _	Maryla	nd
220	BURIAL, CREMATIO	N, 226. DATE THEREC	)F	22c. NAME OF CEM	ETERY OR	CREMATORY		22d. LOCATION (C	lity, town, or c	ounty)	(State)
	Burial	1-10-199	8		et Ce	metery		Freder	ick	Maryl	and
23.	FUNERAL DIRECTOR	s SIGNATURE I	v.	ADDRESS Frederi	Lck-M	d.	24a. MECIQ	RY REGISTRAR	24b. REGISTR	AR'S SIGNATU	IRE

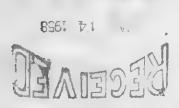
5 % (1773)

00657**CERTIFICATE OF DEATH** Reg. Dist. No. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY Frederikk a. STATE **b. COUNTY** MARYLAND Marvland Monte b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest town) RUPAL and pive negrest town)anice t davs should Be vds. Rural . (Dawsonsville d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE Hospital ON A FARM? YES NO Rural NAME OF Middle 4. DATE Year Day DECEASED King James Deets Jan (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS rlast birthday) .iale white Feb Days Hours Min DIVORCED [ WIDOWED [ yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired Farmer  ${\tt Montg.}$ carbon arvlan 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Elias Dorsey King Gertrude Lawson maye 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address vacie Schaeffer King Boyds Md CAUSE OF DEATH (Enter only one course per fine for (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Cerebral arteriosclerosis yrs Conditions, if any, which (b) gave rise to immediate per **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY cardiac thrombosis auricular fibrillation PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Part II of item 18.] 20c. TIME OF INJURY Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a. gi. While Not while at wark at work p. m. Jec Zu 21. I certify that I attended the deceased from. ...that I last saw the deceased dall alive an and that death occurred at\_\_\_\_\_\_\_\_\_\_\_M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL ould bine PHYSICIAN'S NAME (Type) Joseph Lerner 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) -13-58 Olivet uria Mt Frederick. 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE YS A15 (4) Ernest C. Gartner. Gaithersburg. ..d. DATE JAN 1 4 '58

within 24

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





S'ACTION -

Ail

å,

the funshands

complet

puo

gned by permit.

õ

RECTOR:

ould blue

HOSPITAL

OEO

P. C.

VS A15 (4)

n pop death

ofter

Page

death..

within

's 'A' nv.

ETET

JE VILLO.

45

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary please execution are certificate, writing the word "pending" in pendit in them. 18. Give Pages 1, 2, and 3 to the forecard director. Page 4 s be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be fined for your-files.

TO F 1 At Director: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, or its designated agent, print to barial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

- 1-							
ī	PLACE OF DEATH			-	O CYATE	Where deceased lived. If institution	
-		rederick		MARYLAND	Mary	Land	Frederick
	and give neares, town	*	# RUKAL	c. LENGTH OF STAY IN Th		autside carparate limits, write RI	JRAL and give nearest town)
-	Near New			1		larket	
	d. NAME OF HOSPITA	AL OR INSTITUTION (	if nat in he	spital, give street address)	d. STREET ADDRESS		e. Is residence on a farm? YES NO
	NAME OF DECEASED	En	sf	Middle	Last	4 DATE Month	Doy Year
	(Type or print)	Edward		Samuel	Lease	DEATH Janurar	y 8 19 54
5	S. SEX	6. COLOR OR RACE	7 MARR	IED NEVER MARRIED	B DATE OF BIRTH	From A. and Art. 3	LNDER TYEAR IF UNDER 24 HRS
1	Male	White	WIDOW	ED 🔼 DIVORCED 📋	December	4,1876 BI y" "	Aonths Days Haurs Min.
	Oo. USUAL OCCUPATIO	ON (Give kind of working life, even if retired)	dane 10b	KIND OF BUSINESS OR INDUS	TRY IT BIRTHPLACE (State	ar fareign country)	12 CITIZEN OF WHAT COUNTRY
1	Retired				Freder	rick Co.	U.S.A.
	13. FATHER'S NAME				14. MOTHER'S MAIDEN N		
	Luther	THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O		with the control of t	Lucinda	Poole	
	15. WAS DECEASED EV	ER IN U. S. ARMED FO (If yes, give wer or detex of		/ -: /	INFORMANT	Address	
	No			216-14-6003	Norman S.Le	ease New Mark	et, Md.
		IH [Enter only one co	use per line	for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEAT	'H WAS CAUSED BY: IMMEDIATE CAUSE (o	)	Coronary Oc	clusion		IOMinutes
1	420,						
ı	Conditions, if a	ny, which) 16	1				
ı	gave tise to immed						
1	cause last.	) (c	)				
1	PART II. OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INALDISEASE CONDITION GIVEN	IN PART I(a) 19. WAS AUTOPSY PERFORMED?
	PART II. OTH						YES NO T
	ZOO. EXTERNAL CAL PRIMARY OF COI CAUSE OF DEATH.	ISE WAS TRIBUTING []	Ob. DESCRI	BE HOW INJURY OCCURRED	Enter nature of injury in Par	t I or Part II of Hem 18.)	
ı	20c. TIME OF INJUI	RY Manth, Day, Ye		A	ACE OF INJURY (Home, form	1. (City or town)	(County) (State)
	Havr a. m.	19	Whi of w	le Not while rac	iory, street, office blogs, sic.	' <sup>1</sup>	
1	21. I certify ti	of I took charge	of the	remains described ab	ove, held an Autops	y . Inspection .	Inquiry , ond in my
ı	opinion death			couses ြ Accident	, Suicide ,	Homicide [], Undetern	nined monner
	ACTUAL	BP 24	a state or	-1-70 1	CHIEF MEDICAL EX	CAMINER [7]	DATE SIGNED
1	SIGNATURE	7			M.D CHIEF MEDICALE		
	EXAMINER'S NAME (Type)	B.O. Tho	mas		DEPUTY MEDICAL	T	rary 8, 1958
	220 BURIAL CREMATIC	N 226 DATE THERE		22c NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, town, or	county) (State)
	BURIAL	Jan. U	19	MT.OLIVET	CEM.	FREDERICK.	MARYLAND.
	23 FUNERAL DIRECTOR	ACSIGNATURE	lila	ADDRESS KO			RAR'S SIGNATURE
	DATLEY'S	FINERAL H	OME	FREDERICK M	DATE	N 1 3 '58 COL	esus

2 .V UALTUU V. S.

Š	1		.0	
b	본		ō	
3	Ö		E	
Ú	౼		15	
2	N		_	
-	0		.0	
Š	Ö		5	
199	٥.		ğ	
ž			0	
Ě	0		-	
è	8		.5	
	-	our files.	0	
2	_	-	ь	
š	5	5	-	
	90	5	15	
5	Ē.	4		
	0	3	-	
	=	P	モ	
i	9	T.	£	
2	2	0	3	
5	ъ	0	N	
	č	40	70	
		٥	5	
3	N	×	-	
5	_	Ě	90	
5	69 ED	10	Ö	
-	G	0	0	
4	2	S	63	
=	0	a.	E	
	100		_	
	J	3	-	
5	eć.	4	E	
5	200	E	8	
3	E	6	- Sala	
2	# e	-	12.	
5	C	Ξ	ō	
3		3	4	
	ū	O	O	
;	en	5	1	
3	0	0	Ď	
5	. =	0	0	
2	:	ij	0	
3	00	5	0	
	-F	2	0	
-	0	'n	3	
3	ă	ne ne	pe	
2	0	E	0	
	D	Ö	5	
	W0	ü	2	
	63	0	20	
	丰	2	01	
	0	8	Ď	
	Ξ	Σ	Po	
	Ξ	4	نن	
	*	ž	Ö	
	0	U	E	
	ö	9	iii	
	Ę,	1000	200	
	E	5	Ω.	
	00	Q	정	0
the state of the s	ut? the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the functal director. Page 4 should be	jorded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained from	NERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the sujistrar prior to burial, crematia	or removo
	£	5	2	E
	1.			P.
	3			75

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00661

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased fived. If institution: Residence before admission) o. COUNTY Frederick b. COUNTY Frederick o. STATE Maryland MARYLAND b. CITY OR TOWN (If pulside corporale limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest fown 50 Years Adamstown-Rural RD#1 Adamstown-Rural RD#1 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Near Flint Hill Near Flint Hill YES NO K 3. NAME OF First Middle 4. DATE lost Month Day Year DECEASED (Type or print) WILLIAM THOMAS LEE DEATH 14 19 58 January 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS IF UNDER TYEAR ical birthdoy)
79 ? yrs. Months Male Colored Days Hours WIDOWED [7] Unknown DIVORCED | 10c, USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Day Laborer Farming Maryland IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Lee Martha Whims 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 220-10-5436 No Mrs. Flora N. Lee (Same as item #1) 18. CAUSE OF DEATH [Enler only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Hremia 5 Days IMMEDIATE CAUSE (6) **DUE TO** Possible Carcinoma of Prostate Canditions, if ony, which ] gove rise to immediate couse **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 🕅 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes III. Accident | Suicide | Homicide | Undetermined cause | DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) B. O. Thomas, M. D. 1-17-58 DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) BENOVAT (Specify) 1-18-58 Hope Hill Cemetery Frederick County Maryland 23. FUNERAL DIRECTOR'S SIGNATURE & Son, Frederick, Maryland 24o. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE! Ully edill

DATE

VS. A15ME(5) 5M 9/55

Sees of 1

VS A15 (4) 15M 9/55

MAI	RYLAND	STATE DEPARTMENT OF	HEALTH-BALTIMORE,	18
1	650	CERTIFICATE OF	DEATH	_

00662

	Key, Dist, No.								
o. COUNTY	USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)  5. STATE  6. COUNTY								
Liegelick	Maryland Frederick								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
Frederick 36 years /	Frederick								
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS # IS RESIDENCE ON A FARM?								
2 West Fifth Street	2 West Fifth Street YES NO I								
NAME OF DECEASED (Type or print) Martha Jane Smith Sprankle	Little OFATE Month Doy Year OF DEATH Jarmary 4 19 58								
5. SEX 6. COLOR OR RACE 7 MARRIED ( ) HARRIST BLANCE BURGE ( ) B DA	ATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.								
	May 15-1874   lost highday) Months Doys Hours Min.								
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	11. BIRTHPLACE (Slote or foreign country)   12. CITIZEN OF WHAT COUNTRY?								
Housewife Own home	Pennsylvania U.S.A.								
	. MOTHER'S MAIDEN NAME								
George B. Smith	Mary Susan Eyler								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOR	RMANT Address								
No 21h-10-32h7D Alber	rt C. Sprankle- 633 Grant Place-Frederick-								
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c)-]	INTERVAL BETWEEN ONSET AND DEATH								
PART I. DEATH WAS CAUSED BY:	grandical in function 12 hours								
LL CA. I DUE TO									
Conditions, if any, which ) (b) Ce for a any Jo	clevosis 15 years								
gove rise to immediate (									
coese (o), stoting the under-									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY									
3 de no Diabetes Miles	PERFORMED? YES \( \text{NO} \)								
20g. ACCIDENT WAS LINDERLYING . 20h. DESCRIBE HOW INJURY OCCURRED. (Fa	nter nature of injury in Port I or Port II of item 18.)								
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE C	OF INJURY (Home, farm, 20f. (City or lown) (County) (Slote)								
Hour o. m.  p. m.  19 While Not while of work of work	street, office bldg., etc.)								
	104D - 64 4 10-5								
	, 1950, to Jan 4 , 195 C, that I last saw the deceased								
alive an 1950, and that death occ	curred at 3:30A. M. from the causes and an the date stated above.								
ACTUAL - 1/1/2 - P P.	ADDRESS (Street, city or town, stote)  DATE SIGNED								
SIGNATURE M.D.	Professional Bldg.								
PHYSICIAN'S Dr. L.R.Schoolman	Frederick-Maryland								
220 BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OR CRE	EMATORY 22d. LOCATION (City, fown, or county) (Stote)								
Burial 1-7-1958 St. Johns Cemet									
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE								
(L.E.Cline & Sow Frederick-Mary	71800								

S'AM.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 651 Ttem CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) should d. NAME OF HOSP TAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE 69 ON A FARM? YES IX NO NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH 19 ( 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH AGE (In years last pirthday) IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min. WIDOWED [7] DIVORCED [ 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4451 DUE TO Canditions, if any, which gave rise to Immediate DUE TO catte (a), stating the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES | NO D 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (State) factory, street, affice bldg., etc.) Hour o.m. While Not while at wark at work p. m. 1925 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at  $\frac{\partial}{\partial t} = AM$ , from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE ᅙ PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) FÜ agod REMOVAL (Specify) O 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/55



deoth.

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUILLIU V. S.

WAL WAL

00665

	685		CERTIFI	CA	TE OF DEAT	Н		Reg. D	ist. No		•
1. PLACE OF DEATH  • COUNTY	Frederic	k	MARYLA	ND	2 USUAL RESIDENCE (Vo. STATE Ma:	Where decessor	- F COUNTY	-	ree befo		
b. CITY OR TOWN (III TRURAL ond give, ne TRUTE OT	Fautside corporate (imi arest town)	ls, write	21 months	- 11	c. CITY OR TOWN (I		orote limits, write R	URAL ond	give nec	arest fow	n) +
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street (	oddress)		d STREET ADDRESS						SIDENCE FARM? NOX
3. NAME OF DECEASED (Type or print)	Perr	У	Osgood Middle		cKinney	4. DATE OF DEATH	-	an.	1700	у	Yeor 19 58
5. SEX male	6. COLOR OR RACE white	7. MARR	DIVORCED		Apr. 24,	1890	9. AGE (in years last birthday) 67 yrs.	Months	Days	Haurs	Min.
10a USUAL OCCUPATIO during most of work	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR I	NDUS'	Boston			12. CI	TIZEN C	F WHAT	COUNTRY
13. FATHER'S NAME	John M	cKin	ney		14 MOTHER'S MAIDEN		Elisa De	nnis	son		
15 WAS DECEASED EVER	R IN U. S. ARMED FOR	new col	50CIAL SECURITY NO. 71-03-368		FORMANT Arm	y reco	Add Ord	ress			
	TH [Enter only one co TH WAS CAUSED 8Y. IMMEDIATE CAUSE (o DUE TO	1-1	le for (a), (b), and (c)]	La	ne Chr. 1/1	loul	er-typ	-			ETWEEN DEATH
Conditions, if or gove rise to it couse (o), stoting tying couse lost.	the <u>under-</u> DUE TO	1	ONTRIBUTING TO DEATH	4 Rt.T	NOT RELATED TO THE FEE	MINAL DISFA	SE CONDITION GIV	/FN IN PA	RT I(a)	9. WAS	ALTOPSY
САЛІС										PERFO	NO D
THER, NOTIFY	20a ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)										
Z 20c. TIME OF INJUR Hour o. m.,	Y Month, Day, Ya	ar 20d. If While at wor	Not while	laci	CE OF INJURY IHome, fo lary, street, affice bidg ,	erm, 20f. (Cit	ly or tawn)		(Caunty)		(State)
alive an	at I attended the	deceas 195			5 , 19.5 6, 10 ) occurred at 7	ADDRESS (	the causes of Street, city or town,	and an		te stat	
PHYSICIAN'S NAME (Type)  22a. BURIAL, CREMATIO		S /	220 NAME OF CEMETE	RY OF	CREMATORY	22d. 100	ATION (City Town,	or county)	_/\	1 d	
BENOTAL PORCE.	1-21-5		Arlington	a N	at. Cem.	Ft.	Meyer,	Va.			
23. FUNERAL DIRECTOR' SCOTT F.		& So	n, Smiths	bur		C'D BY REGIS	1	STRAR'S S	IGNATU ~	KĖ	

d in by the funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital ar attending physicion.

J. P. AL DIRECTOR: After this certificate has been signed by the attending physicion and campletely page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Posithe registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO F

VS A15 (4) 15M 9/SS

BUREAU V. S.

WE CENA EU

VII A1S (4) 1SM 9/5S 17

			 BALTIMORE,	-
200	<b>(</b> )	 		

00666

668 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE						
Frederick MARYLAND	o. STATE Vir jr: b. COUNTY Lou loun						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)						
brunswick, Ad. 6 months	Lovettsville, Virginia						
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?						
1] ort I St.	YES NO THE						
3. NAME OF First Middle	Last 4. DATE Month Day Year						
(Type or print) Mary (atherine	Morgan Death January 23 1958						
	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS						
Parla po WIDOWED : DIVORCED	A Pil 1, 1077 CO yrs. Months Doys Hours Min.						
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
iouseksaper	Virginia J. J.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Jakrova fouise Strand							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address							
[Pin, no. or veknown) [(If yes, give war or dates of service)	· Virginia Monroe 10.9 htg st						
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (d)	INTERVAL BETWEEN?						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	ONSET AND DEATH						
DUE TO	The same						
Conditions, if ony, which)							
gove rise to immediate							
code (o), storing the <u>under-</u> lying cause lost.							
PERFORMED!  YES   NO							
# 200 ACCIDENT WAS UNDERLYING []   206 DESCRIBE HOW INJURY OCCURRED	YES NO						
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	CE OF INJURY (Home, form, 20f (City or lown) (County) (State)						
Hour o. m. While Not while fact p. m. 19 of work of wark	ory, street, office bldg., etc.)						
1 1 7 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
dive on the distribution dealing	ADDRESS (Street, city or town, state)  DATE SIGNED						
ACTUAL SIGNATURE SIGNATURE MO PARAMETER 1/24/15							
PHYSICIAN'S NAME (Type) T. J.	43411165400						
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or county) (Stote)						
Burial Jan. 26, 1978 Colored	Cenetery Lovettsville, Va.						
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
M. R. Etchison & Son, Frederick, Maryland DATE JAME 7 '58							

S.Y UABRUS.

24 O 1SM 9/\$5

NAME (Type)

226. DATE THEREO!

220 BURIAL CREMATION 220- NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Kerea FURTERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

00667

IS RESIDENCE

ON A FARM?

YES NO T

Year

19.5

Day

IF JINDER I YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

weeks

WAS AUTOPSY PERFORMED? YES NO

(Stote)

DATE SIGNED

(Stole)

Days

(County)

Months

Reg. Dist. No.

Z .v uazmus

VS A1S (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

669 CERTIFICATE OF DEATH

00668

Reg. Dist. No.

	PLACE OF DEATH	Frederic	k	MARY	LAND	2. USUAL RESIDENCE		sed lived. If institution b. COUNT		e before or derj.	
	KURAP CONTRACTOR	f outside corporate limit o(&Lfown) 3 W I.C K	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN		porote limits, write	RURAL ond g	ive nearest	lown)
	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, g		oddress)	,,,,,	d STREET ADDRE		treet		0	RESIDENCE ON A FAPMA
	8 East	"B" Stre								16	s □ NO-(E)
	NAME OF DECEASED (Type or print) T.(	ouise	ıı	Wirgini Virgini	a	Painter	4. DATE OF DEAT	T	. 22	Doy 1	958
5.	SEX	6. COLOR OR RACE	7. MARR	EDK NEVER MARRI	ED []	8. DATE OF BIRTH		9. AGE (in year	IF UNDER	YEAR IF L	NDER 24 HRS.
	F	W	WIDOWE				1876	Sa yr	Months		urs Min,
10a	<ul> <li>USUAL OCCUPATION</li> <li>during most of work</li> </ul>	IN (Give kind of work of ing life, even if retired)	done 10b.	KIND OF BUSINESS O	RINDU	STRY 11. BIRTHPLACE (	_				HAT COUNTRY?
	Housewife			_		Cable	town, V	Vest Va.	U.	S.A.	
13.	FATHER'S NAME					14. MOTHER'S MAIL	EN NAME				
١.	Charles 1	William C	lipr			Sa	rah Cl	ipp			
1\$.	WAS DECEASED EVE	R IN U. S ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17. (	INFORMANT		Ad	dress		
ĮT0		If yes, give war or dates of se	harce)			Mrs. Luth	er Dee	ener Br	unswi	.ck,	md.
	18. CAUSE OF DEA	TH [Enter only one co	use per lit	for (e), (b), end (c)						LINTERVA	L BETWEEN
		TH WAS CAUSED BY:	,	more	J	the -	D.	. /		ONSETY	ND DEATH
	01 9	IMMEDIATE CAUSE (6)	)	CA AINI	Y	ANIMA	THE VAL			/	
	C 101 11	DUE TO		C	( . Ä	T. 4.	1.				
	Conditions, if or gove rise to it			whenever		cac m	Man	-			
	couse (a), stating			Ni.	-		1/0	,			
,	lying couse lost.	) (c)			<u> </u>	<i></i>	OW/w	<u> </u>			
TION	PART II. OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	F NOT RELATED TO THE I	FERMINAL DISE	ASE CONDITION G	IVEN IN PART	1(o) 19. Vi	RFORMED?
Ž										YES	NO I
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of injur	y in Port I or P	ort (I of item 18)			
3	20c. TIME OF INJUR	Y Month, Doy, Yes	ar 20d. Il	NJURY OCCURRED		ACE OF INJURY (Home,		ity or town)	(C	ounty)	(Stote)
MEDICAL	Hour o.m.	19	While of worl	Not while	fo	clory, street, office bldg	., efc.)				
2		at I attended the		*	レン	- 195 V. ta	1-	22-195	That Li	ast saw i	the deceased
	alive on	1-22-	1905	and that	death	accurred at 7					
		0	7	5				(Street, city or town			DATE SIGNED
	ACTUAL SIGNATURE		27	Thurs		м.р.	man	of Am	1	1:	-24-18
	PHYSICIAN'S NAME (Type)										
220	- BURIAL, CREMATIO	N, 226. DATE THEREO	F	22c. NAME OF CEM	ETERY C	OR CREMATORY	22d. LOC	ATION (City, town	or county)		(Stote)
	Burial	Jan. 2	25	Charle	esto		Cha	rlestow	n.	W. I	Za.
23.	FUNTERAL DIRECTOR"			ADDRESS	1		REC'D BY REG		SISTRAR'S SIG		
1	ke / 71	Fratto.	1	Vya ear year	-wh	DATE DATE		7 150	100/	- 1	
	The state of the s	LIKEY.		JUNILE IN.	44	A VIZE DANIE	18.7	1.381		411.	



VS A15 (4) 15M 9/55

ö	with	
ec.	3	
ġ.	ě	
6	uld be filed	
ner	2	
3	풀	
ŧ	충	
2	N	
, <u>e</u>	핕	
D.	Ě	
	36	
24	2	
ete		
ם	F	
Ö	등	f
g	c	8
ō	र्	ě
joi	ove carbon papers. Puges I and 2	ъ
7 <u>5</u> .	y.e	22
Ph	Ě	몬
6	ease remov	ithin 72 hours
ğ	Š	뎙
t e	ă	W.
9	5	늗
ŧ	Ē	eve
ģ	÷	×
Po	8	ō
. 50	ă.	-=
5	Ĩ	in, as removal, and in any event with
pee	Ξ	=
as a	Ġ	Š
عد	ž	E
ap:	ē	-
題	=======================================	-
Cer	0	<u>ş</u> .
12	Š	Ē
=	ρ	5
the.	P	4
'OR: After this certificate has been signed by the attending physician a	Š	UT
O	etc	0
5	0	11
L DIRECTO	9 6	Pric
0 7	should be detached for use as the burial-timmit permit. Then please	egistror prior to buriot, crematio
1	ř,	stre
	J.	00

	MARYLAND	STATE DEPAR	TMENT O	F HEALTH	I-BAL	TIMOR	E, 18			
	686	CERTIF	ICATE O	F DEATH	1		R	eg, Dist, N		569
1. PLACE OF DEATH O. COUNTY F'T	ederick	MARYLA	I n STA1	residence (White	iere deceased	l lived. If in b. CO	UNTY _	Residence be		iion)
b. CITY OR TOWN (If our RURAL and give nearest	ide corporate limits, write	c. LENGTH OF STAY IN	1b c. CITY	OR TOWN (If o	utside carpo	rate limits, v				n)
Mountaind	910	Lifetime		intaind	ale	Thur	mont	R.D.	.I)	
d NAME OF HOSPITAL (III	f nat in haspital, give street	address)	/ d. STR	EET ADDRESS						SIDENCE L FARM?
3 NAME OF DECEASED (Type or print)	Charles	Middle	Paln	lost 1er	4. DATE OF DEATH	Jan.	Month 2I	1958	,	Yeor 19
5. SEX 6. (	COLOR OR RACE 7. MARR	HED NEVER MARRIED	8. DATE OF	BIRTH		9. AGE (In last birth	years IF	UNDER 1 YEA		
	hite WIDOWS				1873	84	yrs.			Min
Painter & Pap	ive kind of work dane 10b ife, even if retired)			RTHPLACE (Slate	ar fareign co	ountry)		12. CITIZEN		COUNTRY
13 FATTIL GLOCASD	er Hanger	Self Empl		rederi		O. MD	9	4.1	2 0 25	
Thomas F.	Palmar				achte	222				
15. WAS DECEASED EVER IN		SOCIAL SECURITY NO	17. INFORMANT		acitoe	31.	Address			
NO (if yes.	gre war ar dafm of service)		Estella		lmer	Thur		R.D.	J. M	
	Enter only one couse per lin		1. 2						NET AND	DEATH
443X	VAS CAUSED BY:	in and has	MAN MY	2.0					48 ca	m-ico
Conditions, if ony,	DUE TO ,	) ma . !	List		& Cir	Lan x	A 1 147		10 4.	مسعره س
gave rise to imme cause (a), stating the s	diate ( DUS 30	dolar	ine.		10 1				6	
lying cause last.	(c)	CONTRIBUTING TO DEATH	H BUT LIAT BELAT	ED TO THE TERM	NIAL PAREAC	CONDITION 3	AL COVEN	(A.) D. (D.) 14-3	Tip Was	ALITORSV
O PARI N. OTHERS	IGNIFICANT CONDITIONS C	. A .		MACON	air .		N GIYEN	IN PAKE HO	PERFO	RMED?
20g ACCIDENT WAS UN OR CONTRIBUTING C	CAUSE OF DEATH!	CRIBE HOW INJURY OCC	URRED. (Enter nai	ure of injury in l	Part II ar Port	I H of item 1	8.)		1 163 []	NO [E]
PART II. OTHERS  20a ACCIDENT WAS UN OR CONTRIBUTING II C UIF EITHER, NOTIFY MED  20c. TIME OF INJURY M Hour a m.	While	NJURY OCCURRED Nat white k at wark	Ge PLACE OF INJ factory, street,	URY (Home, form affice bldg., etc	, 20f. (City	or tawn)	familie dan Andride van resease medar e P	(Cqunt	γl	(State)
21. I certify that I	attended the deceas	ed from [14	1 t 19	56 , to	21 20	20 1	ار گکو	hat I last	saw the	decease
alive on 2		20 and that d	1	7 D	M, fran	- 1		on the d		
0	0 , 0,-	~			ADDRESS (SI					ATE SIGNE
ACTUAL SIGNATURE	men & Store	1	M.D	alkers	ville	MD		[	14.	<u> </u>
PHYSICIAN'S NAME (Type)	ames E. Sto	ner Jr								
220. BURIAL, CREMATION, REMOVAL (Specify)		22c. NAME OF CEMETE	ERY OR CREMATO	RY		MON (City			(Stat	e)
	Ian.24.1958		n Cem.				n F	redk	CO M	D.
23 JUNERAL DIRECTOR'S SIG	overgue	ADDRESS		240. REC'	D BY REGIST	158 246		AR'S SIGNAT		
Raymond E	Gregger	ייינונל יי	nant MD	DATE	A P 5 7 P 00		m A . 49			

SELVES. NA S. V. S. V. UABRUIL

4 +

VS A15 (4) 15M 9/55

		MARY	AND	STATE	DEPART	ME	NT OF HEALT	H-BA	LTIMO	RE, 18	3			
		68	7	С	ERTIF	CA	TE OF DEAT	Н			Reg. Di	st. No.	00	670
	PLACE OF DEATH	red rick			MARYLAN	- 11	2. USUAL RESIDENCE (V	there decear	- h C	institution OUNTY			ric]	
	b. CITY OR TOWN (I RURAL and give no TAUTHO	f autside corporate limi earest tawn) NT	ls, write	e LENGTH	of STAY IN 1	- !!	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Thurmont							
	OR INSTITUTION	AL (If not in hospitol, g	ive street	oddress)			d. STREET ADDRESS						ON A	DENCE FARM? NO
1	NAME OF DECE (Type or print)	Earle	-	ames	Middle Pedd	ic	ord	4. DATE OF DEAT		Month	ary	12		9 58
5	SEX	6 COLOR OR RACE	7. MARR	IED NEVE	R MARRIED [	0.	DATE OF BIRTH		9. AGE (				IF UNDE	24 HRS.
	male	white	WIDOWI	D 🔲	DIVORCED [	j   :	10-15-1890	)	67	yra,	Months	Doys	Hours	Min.
100	USUAL OCCUPATION Meat cu	ON (Give kind of work thing life, even if retired TUCT	done 10b. SI	KIND OF BUS		us	e Mary		country)		12. CII		F WHAT	COUNTRY
13	FATHER'S NAME						14 MOTHER'S MAIDEN	NAME						
	John Pe	ddicord					Laura V	Velle	r					
		R IN U. S. ARMED FOR		SOCIAL SECU	RITY NO. 1	7 INF	ORMANT			Addres	15			-
1	No	fit her dise not or one or i	22	200-5-	6039	M	rs. Ruth 1	Peddi	cord	T	aurn	ont	, Me	d,
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) To reason a fit the liver  Conditions, if any, which ) (b)										DEATH				
7	gove tise to it cause (a), stating lying cause lost.	the under- DUE TO	1											
CERTIFICATION					, , , , , , , , , , , , , , , , , , , ,		OT RELATED TO THE TER				V IN PAR	T 1(0) 11	PERFOR	NO I
	(IF ETHER NOTIFY	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	10				(Enter nature of injury it			18				
MEDICAL	20c TIME OF INJUR Haur a.m. p. m.	Y Month, Doy, Ye	While of wor	NJURY OCCU Not whi k  at work	ile	facta	E OF INJURY (Home, for ry, street, office bldg., e	m, 20f. (C	ily or lown)		{(	County)		(State)
	21. I certify the alive on	James	11. 12.		JCZ 11 and that de	ath c			om the co		d an t		le state	
22c	BURIAL CREMATION (Specify)	1-15-58	F		of CEMETER		nematory		ation (city hurmo		equaty) Md		(State	)
23.	FUNERAL DIRECTOR	'S SIGNATURE	-	ADDRES	SS		240. RE	C'D BY REGI		b. REGIST	RAR'S SIG	GNATUR	E	
	Raymond	E. Creag	er	Thurn	ont,	Md	DATE	IAN 1 5	'58	2096	e As	ich		

2 .V UAZNUA

DEALESTA

	: 6	54	CERT	TIFICA	TE OF DE	ATH			Reg. D	ist. No.		
1. PLACE OF DEATH a. COUNTY	Freder	ick	MA	RYLAND	2. USUAL RESIDEN	CE (Where		lived If institution b. COUNTY		nce befo		sion)
b. CITY OR TOWN I	(If outside corporate limit	s, write	c. LENGTH OF STA	AY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							n)
Frederi			1 day		Rural	l Men	rovi	a				
	TAL (If not in hospital, a	ve street			d STREET ADD	RESS						SIDENCE
	k- Nemorial	Has	ni t.al		1	lonrov	ri.a			Í		NO T
3. NAME OF	Fin		Midd	die	Lost		. DATE	Mani	h	Do		Yeor
(Type or print)	Laura .	7	Elizabeth	P	endleton		OF DEATH	Janu		2	,	19 58
S. SEX			EDTY NEVER MAR		DATE OF BIRTH		9					ER 24 HRS.
Pamala	Colored	WIDOWI			Feb. 18-	1908		P. AGE (In years last birthday)	Months	Days	Hours	Min.
Temale	ON (G've kind of work of	lane 10b.		-		- /	foreign cos		112. C	TIZEN C	E WHAT	COUNTRY
during most of wo	rking life, even it relifed)		******		Freder							
Heusewife	!		7,	7,3121	14. MOTHER'S MA			Mr. rate				
	A31 and Dasa				Mamie		ebran					
15. WAS DECEASED EV	Albert Bro		SOCIAL SECURITY N	IO 12 IN	FORMANT	5 Eur	tor do	Addr	011			
(Yes, no. or unknown)	[1] yes, give wor or dates of se				n H. Pend	17 ct av	a_lien:			hari	Md	
No.	A 50		Nene		m n. Pett	TTCDOL	T-MGIL	TAATU IIO	• dL /			
	ATH [Enter only one co		ne for (b), (b), and (	(1)	1						ERVAL BE	
	ATH WAS CAUSED BY. IMMEDIATE CAUSE (c)		mille	<u> 5 4</u>	ock						rece	u
260X	DUE TO	-	1 1	MAL	1-1-					1.0		
Canditions, if a		2	) carete	, whe	uus					<u>u</u>	MICH	uoun
catse (a), stating lying couse lost.	the under- DUE TO											
PART II. OT	THER SIGNIFICANT CON	OITIONS		PACT	NOT RELATED TO TH	IE TERMINA	L DISEASE	CONDITION GIV	EN IN PA	RT 1(a) 1	PERFO	AUTOPSY DRMED?
PART II. OT			CRIBE HOW INJURY	OCCURRED	. (Enter nature of in	jury in Part	t I or Part I	II of item 18.)				
Y 20c. TIME OF INJU Hour a. m.	RY Month, Day, Yea	r 20d, It While at wor	Not while	20e. PLA fact	CE OF INJURY IHOR ory, street, affice bl	ne, form, dg., etc.)	20f. (City o	or town)		(Counly)		(State)
	hat I attended the	deceas	ed from	1/2	1 19 5 X	lo	17	25, 1957	Sthat 1	last so	nw the	decease
alive an	1/24	10.5		at dooth	occurred at 7							
0.110			Kaidan y Ullia III	ur degin	Occorred OC_C			out, city or fown,		ine aa		ea above ATE SIGNEI
ACTUAL	xrusos (	The	mes,	N	1.D	2014	ING?	60737: E, This.				128/
PHYSICIAN'S NAME (Type)	J.B. Thomas				Prof ess	ional	Buil	ding-Fr	eder	ick,	Md.	•
22a BURIAL, CREMATIO	ON, 226. DATE THEREO	F	22c. NAME OF CE		CREMATORY			ON (City, town, o	_ ''		(Stat	e)
Burial	1-29-58		Fairvie	ew.		F	reder	rick, Mar	ylan	ıd		
23. FUNERAL DIRECTO			ADDRESS		24	la. REC'D B	Y REGISTR	AR 24b. REGIS	TRAR'S S	GNATUI	RE	
Charles E.	Hicks 111	Fre	derick, M	d.	D	ATE	, 100	Onn	( .			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FULL AL DIRECTOR: After this certificate has been signed by the attending physician and camplete! — If in by the funeral director, page—though be detached for use as the burial-transit permit. The please remove corbon papers — I and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in apt event, within 72 haurs after death. VS A15 (4) 15M 9/S5

2 .V UAEAUS

MARSE A

				CERTI	FICA	ATE OF E	EATH	1		Reg. Dist. I	UUD / 2 No.
1.	PLACE OF DEATH		700			2. USUAL RESID	DENCE (Who	ere deceased (			pefore admission)
l '		rederick		MARY	LAND		arvlar	nd	b. COUNTY	Frede	rick
	CITY OR TOWN (I	f outside corporate limi	ts, write	c. LENGTH OF STAY	IN 15	c. CITY OR T	OWN (If or	utside corporol	e limits, write Ri		
		erick		over 60 y	rs.	// F1	rederi	Lek			
	NAME OF HOSP T	AL (If not in hospital, (	ive street			d. STREET A	DDRESS				e IS RESIDENCE ON A FARM?
		ck Memorial	Hos	oital			L5 Nor	th Ben	tz Stree	et	YES NO
3	NAME OF DECEASED	Fig	31	Middle		Losi		4. DATE	Mon		Day Year
	Type or print)	Willia	m	Warner		Pickett		OF DEATH	January	7 11	1958
S. 9	EΧ	6. COLOR OR RACE	7. 44481	HALL HALL SAN THE	美藝	8. DATE OF BIRTH	1	9	AGE (In years last birthday)		EAR IF UNDER 24 HR
	Male	White	WIDOW	ED M * DIVORCE	ATT X	July ]	L-187L		83 har	Months Day	ys Hours Min
10a	USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPL	ACE (State o	or foreign cav	ntry)	12 CITIZEN	N OF WHAT COUNT
	Salesma			holesale Gr	ocer	w Mai	rvland	1		11.	S.A.
13.	FATHER'S NAME		,			14. MOTHER'S					N. R. Phill
	Peter 1	Pickett				Sus	san Co	ndon			
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO	, 17, H	NFORMANT		70000	Add		1 001
ţ i w	No	(if yes, give wor or dates of i		14-10-3546	C1	narles S.	Pick	ettIr		rederic Bentz	
	18. CAUSE OF DEA	ATH [Enter only one co	use per li	ne for (a), (b), and (c).						11	NTERVAL BETWEEN
		TH WAS CAUSED BY	,	Augusta	-	- Croc	lose	~~~~~	7	C	ONSET AND DEATH
	4	DUE TO			-						U / France
	Conditions, if o	av which \	7	er of the contract	1-	1 Dans	1 	r			~~~~ ·
	gaye rise ta i	mmediate ( DUE TO	,	-	, 7		_			<	0727
	cause (a), stating lying cause last.	rne <u>under-</u>	Ca.	selven 2	La.	and de ser	<u></u>				
z		J (K		CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE O	ONDITION GIV	EN IN PART I(o	1 19. WAS AUTOPS
CERTIFICATION			_	····							PERFORMED?
FFIC	20a ACCIDENT WA	AS UNDERLYING []	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of	f inver in P	ort 1 or Port II	of item 18.)		1 12 [] 140 [
CERT	OR CONTRIBUTING	CAUSE OF DEATH							•		
	20c. TIME OF INJUR		pr 20d. II	NJURY OCCURRED	20e. PL/	ACE OF INJURY II	tome, form	20f. (City o	(lawa)	(Caun	nty) (Slot
MEDICAL	Hour a.m.	19	While	Not white		story, street, office				(2007)	.,,
Σ	p. m.		at war	7			- 0	<u> </u>	J=4 7	,	
	21. I certify th	at I attended the		~	×5	. 1946					t saw the decea
	alive on		, 12.5	and that	death	accurred at					date stated abo
	ACTUAL	6 197 1						·	et, city or town,	state)	DATE SIGN
	SIGNATURE	102/dhe			1	м. <b>о</b> <u>Рт</u>	cofess	ional	Bldg		
	PHYSICIAN'S NAME (Type)	Day D A Mile		One		73-	1 4	.1 26 .	2 . 3		
~		Dr. B.O.Th					rederi	.ck-Mar			
220	BURIAL CREMATIC REMOVAL (Specify) Burial	N, 225. DATE THEREC		22c. NAME OF CEMI				22d. LOCATIC	N (City, town, a	r county)	(Stote)
20					et C	emetery			erick	Maryl	
23.	FUNERAL DIRECTOR	S SIGNATURE	V.	Frederick-	Mary	land		BY REGISTRA	R 24b. REGIS	TRAR'S SIĞNA	TUKE

DATE AN 1 5 '58

VS A15 (4) 1SM 9/SS

23. FUNERAL DIRECTOR'S SIGNATURE W. C. E. Cline & Son

Z 1/4

8

ploods

ò

Ö

VS A15 (4)

and

BUREAU V. S.

6791 C . NAI

hours ofter death.

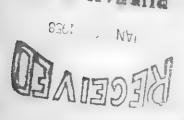
ō HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





deoth.

HOSPITAL

DECENTED

2 . V UABAUS

H W UALAUE

8961 TS NV:



registrar within 72 hours after death, After this by the funeral director, the third copy of this

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 689 CERTIFICATE OF DEATH

00678

Reg. Dist. No.

후モ	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED					
the aft	COUNTY Frederick MARYLAND	STATE Md. COUNTY Frederick					
72 hours director, th	City (H outside corporate limits, write RURAL OR and, give neerst town) TOWN Tural Myersville HOSPITAL OR	CITY (If outside corporate limits, write RURAL and give neerest town) OR TOWN RITED Myersyille STREET (If rurel give location)					
within 7	INSTITUTION OR STREET ADDRESS	/ ADDRESS					
registrar wi by the fun	J. NAME OF (First) (Middle)  DECEASED (Type or Print) Minnie V. Shan	(Lest) 4. DATE (Month) (Day) (Year) OF DEATH 7 26 1958					
the regi	fiemale   6. color or   7. SINGLE, MARRIED,   8. DATE OF WIDOWED, DIVORCED,   6/20,   6/20,   6/20,   6/20,   6/20,   6/20,	/1876 81 yrs. Months Deys Hours Min.					
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) housewife Ovn home	II. BIRTHPLACE (State or foreign country)  12. CIT-ZEN OF WHAT COUNTRY?  Md • U.S.					
be filed pletely ansit pe	James Firestone	Emma Whipp					
cate com	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yas, no, or unk.) (If Yes, give wer or deles of service)  NOTE	William Firestone, Nyersville, Md.					
e attending physician and detached for use as a bur	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST,  (C)	Gascular des and Death					
5 £ m	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19 a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?					
by old b	21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, Ferm, Fedary,   21	(County) (State)					
TOR: The executed smbly should be the smbly sh	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  [IF EITHER, NOTIFY MEDICAL EXAMINER]  2Id. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 2te. INJURY OCCURRED While Not while et work et work et work et work	If. HOW DID INJURY OCCUR?					
FUNERAL DIRECTOR: The entircate has been executed teath certificate assembly should 15C 1-55 10M The	alive on Jan 2 to 1955 and that death occurred at.  SIGNATURE  - Elmer Harp  M.D.						
cert/ficate death cert	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CORRESPONDENCE DUTIES 1/29/1958 Lutheran ( 24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	Cemetery Myersville Md.  25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS					
	DATE JAN 2 9 '58 COS COLLET	ladhill Co., Middletown, Md.					



O E O

ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	8
2.0			

90 CERTIFICATE OF DEATH

00679

Reg. Dist. No. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed. If institution) Residence before admission) a COUNTY o. STATE lar vlana **b.** COUNTY Frederick Frederick MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Thum ont vrs. d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 🔛 NO 4. DATE NAME OF First Middle Losi Month DECEASED Sharer Catherine Eva January DEATH 27 (Type or print) 10 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years last-buthday) HE UNDER I YEAR JE LINDER 24 HRS 8. DATE OF BIRTH Months Davi Female White WIDOWED IX DIVORCED [ YES 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland Own Home U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Willhide Elizabeth Graham 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Address NO unknown) Hagerstown. Md . Anna Bentzel None Wrg. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 1225 DUE TO Canditions, if any, which (b) gove rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19 WAS AUTOPSY PERFORMED? YES | NO 121-200 ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item IB) OR CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f, (City or town) (County) (State) factory, street, affice bldg., etc.) o. m. Nat while at work at work an. 27 1958 that I last saw the deceased 21. I certify that I attended the deceased fram and that death occurred at 2122 PM, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Franklin Birelv PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 72c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) DUTY A Specify 1-30-58 Thurmont. United Brethern Cem. maarand 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Raymond E. Creager Thurmont, Md. DAJEN 3 ( 58

BUREAU V. A.

C mt

NAI

٨١١٠١١

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 008800 **CERTIFICATE OF DEATH** Rea. Dist. No with director 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY filed y **b. COUNTY** MARYLAND Frederick Marvland Frederick gra pe b. CiTY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) TO Frederick vears Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NOT Street 326 E. Church Street West South NAME OF First Middle 4. DATE Manth Day Yeor DECEASED (Type or print) DEATH CALVIN SHAW 19 록위 January 10 5. SEX IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE MARRIED NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH lost birthdoy) Months Days WIDOWED DIVORCED | male white yrs. August popers. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Retired Canning Factory USA Laborer Maryland carbon 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME E. Elizabeth Staub Elliah Shaw Mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No No None Bruchev (same as item 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] INTERVAL BETWEEN ONSETJAND DEATH ם PART I. DEATH WAS CAUSED BY: ww. IMMEDIATE CAUSE (o) **DUE TO** 20 Conditions, if ony, which gned (dl gove rise to immediate DUE TO catte (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18 ) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Hour o.m. While Not while at work of work p. m. 19 56, to VAN 10 19 58 that I last saw the deceased 21. I certify that I attended the deceased from JAN. \_, and that death accurred at 10 p2. M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE О PHYSICIAN'S NAME (Type) MARTIN 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Mount Olivet Cemetery Frederic Burial Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE 106 E. Charen Street. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) M.R. Etchison & Son Frederick. Maryland DATE 15M 9/5S

Poge

deoth.



U. NA!

RECEIVED.

ARTHERIT OF HEALTH—DALIMOR	00004
RTIFICATE OF DEATH	()()681 Reg. Dist. No.
	Reg. Dist. No.

	661	CERTIFICA	ATE OF DEATH	Reg	I UUDGI						
	LACE OF DEATH COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick								
	b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town) Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	ulside corporale limits, write RURAL	ond give nearest town)						
	d. NAME Of HOSPITAL (If not in hospitol, give street OR INSTITUTION Frederick Memorial Hospi		/d. STREET ADDRESS 103 Ea	t e. IS RESIDENCE ON A FARM? YES NO							
	NAME OF First DECEASED (Type or print) FRANKLIN	MARSHALL INGI	LE SIX	4. DATE Month OF DEATH Janua	ry 16, 1958						
1	Male 6. COLOR OR RACE 7. MAR		8. DATE OF SIRTH  20 June 1904	Tarre talles and the same	The Doys Hours Min						
	00 USUAL OCCUPATION (Give kind of work done during most of working life, even if relited)  S.	USA									
1	3. FATHER'S NAME Osborne I. Six										
		1	ormant cs. Gladys S.	Sweeney (Same a	s item #2)						
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (a), (b), and (c).]	man c	blass	INTERVAL SETWEEN ONSET AND DEATH						
	Conditions, if any, which ) (b)	Come. +									
	gove rise to immediate cose (a), stoling the under-lying couse lost.	10 days									
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN	PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 1						
	CAUSE OF DEATH    CONTRIBUTING   CAUSE OF DEATH   CAUSE OF DEATH   CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	art I or Port II of item 18.)							
	Hour a.m. While	A E.	ACE OF INJURY (Home, form, story, street, office bldg., etc.)	20f. (City or town)	(County) (State)						
	21. I certify that I attended the deceased from 1927, to 1927, that I last saw the deceased alive an 1928, and that death occurred at 11:50 PM, from the causes and an the date stated abave ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE  MD. 228 N. Market St., Frederick, Md. 1-20-58										
	PHYSICIAN'S B. O. Thomas, M.	D.	M.U.								
liv.	20. BURIAL, CREMATION, 226. DATE THEREOF 1-20-58	22c. NAME OF CEMETERY O		22d. LOCATION (City, fown, or cour Frederick, Mary.							
2	3. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison and Son, :	ADDRESS Frederick, Mary	land 240. REC'D	BY REGISTRAR 24b. REGISTRAR							

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death. Page 4 in by the funeral director, and 2 shauld be filed with may be retained by the haspital or attending physician.

TO FUN 1. DIRECTOR: After this certificate has been signed by the attending physician and campletely page that the detached for use as the burial-transit permit. Then please remaye carbon papers. Pagistrar prior to burial, cremation, or remayal, and in any event within 72 hours affer death. VS A15 (4) 15M 9/55

I

DECEIVED NAL

BUREAU V. S.

death

within

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND	STATE DEPART	MENT (	OF HEA	LTH-BA	ALTIMO	RE, 18

662 CERTIFICATE OF DEATH

Rea. Dist. No.

1. PLACE OF DEATH o. COUNTY  2. USUAL RESIDENCE (Where deceased lived If institution, Residence before on STATE  1. PLACE OF DEATH o. STATE  1. PLACE OF DEATH o. COUNTY  The destrict of the place of t									
Frederick Maryland Haryland Frederi	LCK								
b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest RURAL and give nearest fown)	t lown)								
Frederick Life // Frederick									
	S RESIDENCE								
1	ON A FARM?								
3. NAME OF First Middle Lost 4. DATE Month Day OF	Year								
(Type or print) GRACE MAY SNOWDEN DEATH JURY 9,	19 58								
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6 B DATE OF BIRTH 9. AGE (In years IF UNDER LYEAR IF									
Female Colored widowed Divorced February 17, 1880 77 birthdoy) Months Doys H.	lours Min,								
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF Warding Infe, even if retired)									
Housework Bomestic Maryland USA	A								
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME									
Unknown Unknown									
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Frederic	k.Md.								
No N	• ,								
	AL BETWEEN AND DEATH								
PART 1. DEATH WAS CAUSED BY: Chiteris Televates / Frank desine									
4don DUE TO	/								
Conditions, if ony, which } (b)									
gove rise to immediate DUE TO									
lying couse lost.									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. V	WAS AUTOPSY								
YE YE	PERFORMED?								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. YE  2004 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH   If EITHER, NOTIFY MEDICAL EXAMINER)									
	(State)								
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. White Not white of work of work of work of work	(0)								
	the deceased								
alive on	stated abave DATE SIGNED								
ACTUAL SIGNATURE M.D. North Market Street,	1/11/58								
SIGNATURE M.D. TOBUT MATRE O DOTECTS	-///								
PHYSICIAN'S NAME (Type) Dr. H. F. Kline, Sr. Frederick, Maryland									
	(Stote)								
Burial   Jan.13,1958   Flarview Gemetery   Frederick,	Mar <b>yldn</b> o								
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE									
M. R. Etchison & Son, Frederick, Maryland DATE AND 159 Comments									



OBAMBOEM

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

within requires that the



DEALES!

VS A1S (4) 15M 9/55

No.

00

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
692	CERTIFICATE OF DEATH	D

## CERTIFICATE OF DEATH

00685

	UJG	CERTIFIC	AIE OF DEAIR	1		Reg. Dist. N	0.	
	rederick	MARYLAND	2. USUAL RESIDENCE (WAS 0. STATE	i	b. COUNTY	Fred	ericl	7
RURAL and give	(If outside corporate limits, write nearest lown) [yorsville	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF o	utside corpore		JRAL and give n	earest town	)
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, give street V	oddress)	d STREET ADORESS	,				DENCE FARM? NO D
). NAME OF DECEASED (Type or print)	First WILBUR	Middle SUN	MERS	4. DATE OF DEATH	Janua		-/	eor 958
s sex male	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH		P. AGE (In years lost birthday)	IF UNDER I YEA	R IF UNDE	
00 USUAL OCCUPAT	TION (Give kind of work done 10b.	KIND OPBHANERA-OB INDI		or foreign co		12. CITIZEN		COUNTRY
et.Garag	ешап муей.	ville Motor	TI4. MOTHER'S MAIDEN N		o. Ma.	U.S	.A.	
	n F. Summers		_		Pinhone	0.30		
		SOCIAL SECURITY NO 117	INFORMANT	1 POL.	finberg			
(Yes, no, or unknown)	(If yes, give wor or dates of service)	17-32-5414		٦ ٥	,,,,,,	_		267
no	EATH [Enter only one couse per li		Mrs.Nancy S	D. DUI	nmers,	Myersv	TERVAL SE	Ma
Conditions, if gove rise to couse (o), stoting lying couse lost	g the under-	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(o)	19. WAS A	LUTOPSY
PART II. O		CRIBE HOW INJURY OCCURR	ED (Enter noture of injury in I	Port I or Port	II of item 18.)		YES [	-
	VAS UNDERLYING [] IG [] CAUSE OF DEATH FY MEDICAL EXAMINER)		( (- (- (- (- (- (- (- (- (- (					
20c. TIME OF INJL Hour e. m p. m	While	4.	LACE OF INJURY IHome, form actory, street, office bldg., etc.	20f. (City	or lown)	(Count)	r)	(Stote)
21. I certify alive an	shat I attended the decease 19 19 19		h accurred at 7100 A	M, fram	the causes a eet, city or town,	nd on the d	saw the ate state	decease d above TE SIGNE
PHYSICIAN'S NAME (Type)	ALTON M. 4		7+ym	low	, as	<i>l</i> ,		
BUTIATE			Lutheran I	lyers	VILLE, F	red.C.		*)
23. FUNERAL DIRECTO	OR SIGNATURE	Myersville,		D BY REGISTS	PAR 245. REGIS	TRAR'S SIGNAT	URE	

MACECT

BUILAU V. S.

 $\pm 00686$ 

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea. Dist. No. b. COUNTY

2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural-R.D.#h e. IS RESIDENCE ON A FARM? YES TO NO TO Month Day Yeor 1958 28 January IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours 12 CITIZEN OF WHAT COUNTRY? USA Address land Mrs. Alice S. Swarm, Frederick, R.D. #4, Mary-INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES 🗍 NO. (County) (Slote) 1922 that I last saw the deceased Me from the causes and on the date stated above.

(Stote) Maryland 24b REGISTRAR'S SIGNATURE



Reg. Dist. No.

1.	PLACE OF DEATH D. COUNTY Fre	derick	MARYLANE	112 ^ 11		here deceased live and		Residence Frede		ission)	
	b. CITY OR TOWN (IF RURAL and give net Frederic	autside corporate limits, write prest town) K	c. LENGTH OF STAY IN 18	c. CIT	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Mount Airy-Rural RD#1						
	d. NAME OF HOSPITA OR INSTITUTION Frederic	k Memorial Hospital	oddress) pital	, d ST	McKai	g			ON	ESIDENCE A FARM? NO	
	NAME OF DECEASED (Type or print)	First ULYSSES	Middle GRANT	TO	lost BERY	4. DATE OF DEATH	Month Jar	nuary	Day 29,	Year 19 58	
	Male	6. COLOR OR RACE 7. MAR WIDOW			BIRTH 2g 1875	9. A		Wonths Do	TEAR IF UN		
10c	during most of working Laborer	N (Give kind of work done 10b.	KIND OF BUSINESS OR INI ertilizer Plan		Maryla:		γ)	12 CITIZE		AT COUNTR	
13.	FATHER'S NAME William H	. Tobery			ter Ann	4	name unk	nom)			
15.  Ye	WAS DECEASEDEVER			informan Irs. Ma		roneburg	Addres (Same		em #2	)	
MEDICAL CERTIFICATION	PART I. DEAT  Conditions, if on gove rise to in cose (o), stoting thing couse lost.  PART II. OTH  A C  20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY to m., p. m.	ER SIGNIFICANT CONDITIONS  TER'S SCIETOS  SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER;	CONTRIBUTING TO DEATH B  CONTRIBUTING TO DEATH B  CRIBE HOW INJURY OCCUR  NJURY OCCURRED  NJUR	UT NOT RELA  2 2 2  RED. (Enter no foctory, street	URY (Home, form office bldg., ex	Port I or Port II o	Fitem 18.)	(Cou	(o) 19 WAS PERF YES [	S AUTOPSY FORMED? NO (Stote)	
	ACTUAL ROSIGNATURE ROSIGNATURE ROSIGNATURE ROSIGNATURE	1 d. Wichels	9, M.D.	M.D <u>N</u>		et, Mary		rte)		DATE SIGNE 0-58	
	Burial (Specify)	2-1-58	22c. NAME OF CEMETERY Mount Olive			22d. LOCATION Freder:	ick, Mar	,,	,	ofe)	
	FUNERAL DIRECTOR'S	ison & Son, Fro	ADDRESS ederick, Mary	Land	24a. REC	D BY REGISTRAR	24b, REGISTS	AR'S SIGN	ATURE		

TVO A' &

6364

Jav.

BUREAU V. S.

SEET OF NAT

DECENED

00689 **CERTIFICATE OF DEATH** 666 Rea, Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY a. STATE filed b. COUNTY MARYLAND Frederick Maryland Frederick ero b. CITY OR TOWN (if outside carporate limits, write c. TENGTH OF STAY IN 15 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Ş. RURAL and give nearest town) plyods Frederick Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 24 North Market Street Market Street YES NO TE ng ng NAME OF 4. DATE Middle Last Manth Day Year DECEASED OF DEATH Arnold (Type or print) Whitmore 58 January 19 9. AGE (In years last birthday) 82 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7-SAARABERI-ETKAKKEEN-XAXKEKERPE Manths Doys August 26, 1875 Male White WIDOWED K SIXONCED 1-1-1 papers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? death. Printing Office U. S. A. Maryland and Job Foreman pau 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL 萝 Thomas P. Whitmore Marv Carr a) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Marvland (If yes, give war or dates of service) Fred ST. 212 E. 8th Elwood Whitmore 21*1-*1**0**%-3110 No 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET\_AND DEATH ፭ PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (p) 4200.2 DUE TO ij. Canditians, if any, which gave rise to immediate per DUE TO catse (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO FT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (State) factory, street, affice bldg., etc.) g, m, While Not while at work at work p. m. 19XY that I last saw the deceased . 1950, to 21. I certify that I attended the deceased from. and that death occurred at 11:05AM, from the causes and on the date stated above. ADDRESS (Street, city or Town state) ACTUAL SIGNATURE D 20 PHYSICIAN'S NAME (Type) 7 North Market Street F. Kline PURIAS SEMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fawn, or county). (State) Mt. Olivet Cemetery ě Frederick Maryland Burial -1958 9 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE East Patrick St. 1SM 9/55

with'n

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MANO

	0	0	6	9	()	
lo.			-	1.3	1	

694 **CERTIFICATE OF DEATH** 

		1.5	U	V
 Dist	Mes			

ľ	D. COUNTY					2 USUAL RESID			lved If institution	oni Residenc	e before	odmissi	on)
ŀ		derick		MARYLA				yland		40 100 11	deri		
1	<ul> <li>b. CITY OR TOWN (If RURAL and give no</li> </ul>	TOWN (If outside corporate limits, write and give nearest town)		c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)							
L		ille-Rural		Life				ttsvill	e-Rural				
П	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street i	oddress)		d STREET A					e	IS RESI	
	Broad Run	Road					Broad	d Run R	oad			YES 🔼	NO 🗌
	DECEASED	Fir	st	Middle		Las		4. DATE	Man	th	Day		eat
	(Type or print)	RIDG		ABRAHAM		WILL	ARD	OF DEATH	Jani	ıary	15	ا و	<del>,</del> 58
	S. SEX	6. COLOR OR RACE	7- MARR	IED NEVER MARRIED		B DATE OF BIRTH			AGE (In years last birthday)	IF UNDER			
	Male	White	WIDOWE	DIVORCED		Septembe	er 23,	, 188q	77 yes	Months	Doys	Hours	Min.
Ī	Ou USUAL OCCUPATIO	N (Give kind of work-	done 10b	KIND OF BUSINESS OR	INDUS	STRY 11, BIRTHPL	ACE (Stote	ar fareign cou	ntry)	12. CITI	ZEN OF	WHAT	COUNTRY?
¥	Farm On	mer	'	Farming			arylar	nd		USA			
	3. FATHER'S NAME	4				14. MOTHER'S	MAIDEN N	IAME					
-	Til	lman A. Wi	llaro	i			Laui	ra Hous	e				
	5. WAS DECEASED EVER	IN U. S ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. 11	NFORMANT			Addr	ess			
-[	(Yes no or unknown)	It yes, give war or dates of s	2]	12-38-9894	Ma	c. Arthur	. K. V	Villard	,Same as	s item	#2		
ŀ	18. CAUSE OF DEA	TH [Enler only one co	use per li	e for (o), (b), and (c).]			~~~				INTER	VAL BET	WEEN
	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH SCALE OF SEAL ALL												
-	420.1	DUE TO		Jes perso	7		CCKI		>~		1626	266	- 6 (
-	Conditions if you which												
1	gove rise to in	gove rise to immediate											
	coëse (o), stating ( lying couse last.	cose (a), stating the under DUE TO Crefered Seles											
		ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H RUT	NOT RELATED TO	THE TERMI	NAI DISEASE (	ONDITION GIV	FN IN PART	1/01/19	WAS A	HTOPSY
-				OCTABOLINO TO CEAN		7707 1120 10	1112 120000	INT DISTURE	.ONDINION ON	SIA DA FARI	```	PERFOR	MED?
	20a. ACCIDENT WA	S LINDERLYING (T)	20b. DESC	CRIBE HOW INJURY OCC	110051	D (Fater poture of	Finiury in f	Port Lor Part II	of item 18.1	·		res 🔲	NO 🚰
	OR CONTRIBUTING	CAUSE OF DEATH	200. 003.	CRISC HOTT HUSER OCC	ORNEL	D. (Line) Holore of	i injuly m i	011 1 01 1 011 11	Or Hell Tall				
- 1			2004 10	WURY OCCURRED 20	n ni	ACE OF INJURY (	da far	705 (615)					***
1	ZOC. TIME OF INJURY	19	While	Not while	fac	tory, street, office	bldg., etc.	.   207. (City o	riownj	(C	ounty)		(Stote)
	₹ p. m.	17	ol worl	k ot work				1	les conf				
-		at I attended the			15	<u>لا كوا ,                                    </u>		jan 1		"that I le	ast sav	v the c	deceased
	alive an	ac- 15	., 19 -	58, and that d	eath	accurred at	9:30	_M, from	the causes a	nd an th	e date	state	d abave.
		1-	n	11 /					el, city or town,	stote)	- /-	DA	TE SIGNED
П	ACTUAL THE	7.5	en	u Harp		M.D. Midd	Letown	n, Mary	Land		T/1	1//5	Ö
1	PHYSICIAN'S	_/		,									
	NAME (Type) DT	1 Elmer J.	Ham	<u> </u>		- also spirate also see also also also				*			
	220. BUR AL, CREMATION REMOVAL (Specify)			22c. NAME OF CEMETE	RY O	R CREMATORY			N (City, town, c			(Stote)	
	Burial	Jan. 18,	1958	Reformed	Cer	netery		Mi	ddletown	n, Mar	ylar	ıd	
1	3. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'I	D BY REGISTRA	R 24b. REGIS	TRAR'S SIG	NATURE		
	M. R. Etch	ison & Son	, Fre	ederick. Mar	yla	and	DATE	to 0 '58	(3027	2252	4		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the haspital ar attending physician.

TO FUN AL DIRECTOR: After this certificate has been signed by the atmading physician and campletely, page may have be detached for use as the burial-transit permit. Then please remove carban papers. Pathe registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/SS

in by the funeral director, and 2 should be filed with

1

2 .V UATRUA

My - wal

VS A15 (4) 15M 9/SS

04

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
203	CERTIFICATE	OF	DEATH	

CERTIFICATE OF DEATH

00691

	036	,			TE OF BEATT	•		Reg. Dist.	. No	39
PLACE OF DEATH o. COUNTY Freder	ick		MARYLA	AND	2. USUAL RESIDENCE (Who o. STATE Marylan	ere decease	d lived. If institut b. COUNTY		before admi	
b. CITY OR TOWN RURAL ond give I Culle		write	c. 1877 OF STAY IN	116	c. CITY OR TOWN (IF or Baltimore		prote limils, write l	RURAL ond giv		n)
OR INSTITUTION	ITAL (If not in hospitol, give llen State Ho		oddress)		d. STREET ADDRESS 2211 N. Cal	vert	St.		ON	SIDENCE A FARM?
NAME OF DECEASED (Type or print)	Fint John		Middle Luther		Wright	4. DATE OF DEATH	Janu		Day 24	Year 19 58
Male	171.3 4	MARR	DIVORCED		July 6, 1908		9. AGE (In years lost birthday) 49 yrs.		YEAR IF UNE	
o. USUAL OCCUPAT during most of wo Painter	ION (Give kind of work dor rking life, even if retired)	ne 10b.	kind of Business or lousing	INDUST	North Car	or foreign	country)		S. A	
Henry W	right				Fannie Bu					
NO NO. OF UNKNOWN)	ER IN U. S. ARMED FORCE	(92	SOCIAL SECURITY NO. 142-07-1172		ocmant ecords of Vic	tor C		ete Ho:	spital	
Conditions, if gove rise to code (o), stoting lying couse lost	the under-	7	ar auvanceu	pa	lmonary tuber	Guios	15		5 yr	5 •
20a. ACCIDENT W	AS UNDERLYING [] 20				OT RELATED TO THE TERMIL			VEN IN PART	PERF	AUTOPSY ORMED? NO
OR CONTRIBUTION (IF EITHER, NOTIF  20c. TIME OF INJU  Hour o. m. p. m.	10	20d. IN While of work	_ Not while _	De. PLA	CE OF INJURY (Home, farm, ory, street, office bldg., etc.	20f. (Ci)	y or lown)	(Co	ounty)	(Stote)
21. I certify to alive an Jan Actual SIGNATURE  PHYSICIAN'S NAME (Type)	T.F. Vest	al		leath	o. Culle	_M, fra	m the causes ( treet, city or town,	and an the	date stat	
o. BURIAL, CREMATING REMOVAL (Specify Purial	1-28-58		Columbia ADDRESS		dens Cem		TION (City, town,	or county) Vinei		te)
Carmen	LE. Grange	w	Thurmon	1,1	DATE	12 8 '5	8 0	3100	n	

8361 PG NAI



BUREAU V. Z.

V5 A15 (4) 15M 9/S5 I

	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
696	CERTIFICATE	OF	DEATH	

Reg. Dist. No. 13192

1. PLACE OF DEATH O. COUNTY Frederick	MARYLAND	o. STATE	CE (Where deceased !	b. COUNTY	Frederi		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adamstown-Rural RD#1	tength of STAY IN 16		/N (If outside corporo stown-Rura	- 44-	URAL ond give n	parest town)	
d. NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION Flint Hill	lress)	d. STREET ADDI	t Hill			e. IS RESIDENCE ON A FARM YES NO	45
3. NAME OF First DECEASED (Type or print) GRACE	Middle IRENE	Loss YINGLING	4. DATE OF DEATH	Mon Jan	_	1, 195	8
Female White WIDOWED		8. DATE OF BIRTH 31 Aug 19	15	AGE (In years lost birthday)	Months Days	Hours Mi	HRS.
100. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired) Utility Worker Tai	nd of Business or Industrial Companies			ntry)	USA	OF WHAT COU	VTRY?
13. FATHER'S NAME		14. MOTHER'S MA					
Lewis E. Horman		Hattie	E. Cutsai	1			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SO(1/14), no. or unknown] [If yes, give wor or data of service]		NFORMANT rnon Winds	or Yinglin	Adding (Sam	e as ite	m #1)	
18. CAUSE OF DEATH [Enter only one couse per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate casse (o), storing the under- lying couse lost.  [b]  DUE TO  Lying couse lost.	no (o), (o), and (c).] no usuple	abdoms	ht ova	ry	01	rerval Between	Н
	NTRIBUTING TO DEATH BUT				EN IN PART 1(a)	19. WAS AUTOF PERFORMED YES NO	5
	Not while for	ACE OF INJURY (Hom ctory, street, office blo	g, atc.)	r town)	(County	) (51)	lote)
21. I certify that I attended the deceased alive on 10 1952  ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S Bernard 0. Thomas,	und that death	occurred at3:		the causes a	stole)	ate stated ab	oave.
- PEMOVAL (Specify)	2c. NAME OF CEMETERY O Mount Olivet		_	ick, Mar		(Stote)	
23. funeral director's signature M. R. Etchison & Son, Fred	ADDRESS erick, Maryla	and DA	TE JAN 1 4	AR 58 24b. REGIS	TRAR'S SIGNATU	RE	

BUREAU V. S.

Market has been as a party of a resolution of the

- ESEL . DI WAL ..

BECENAEU